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ABSTRACT

Head Start and Early Head Start are comprehensive child development programs providing services to children from birth to age 5, pregnant women, and their families. The Head Start Program Performance Standards, mandatory regulations that grantees and delegate agencies must implement in order to operate a Head Start program, are designed to ensure that Head Start goals and objectives are met. This document contains Parts 1301 through 1306, 1308, 1309, and 1311 of the standards, and also includes guidance materials for Parts 1304 and 1308. Sections detailing Part 1304 cover: (1) general standards (purpose and scope, effective date, definitions); (2) early childhood development and health services (child health and developmental services, education and early childhood development, child health and safety, child nutrition, child mental health); (3) family and community partnerships; (4) program design and management (program governance; management systems and procedures; human resources management; facilities, materials, and equipment); and (5) implementation and enforcement (deficiencies and quality improvement plans, noncompliance). Sections detailing Part 1308 cover: (1) general standards; (2) disabilities service plan; (3) social services; (4) health services; (5) education services; (6) nutrition; and (7) parent involvement. Parts 1304 and 1308 are presented in a two-column format. The left-hand column presents the standards. The right-hand column contains an introduction summarizing the philosophy and contents, a rationale for the standard, related information providing cross-references to other standards and guidance materials, and guidance material providing examples of how the standards could be implemented. (KB)

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Head Start Program Performance Standards and Other Regulations

ED 443 540

PS 028700

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45 CFR Parts 1301, 1302, 1303, 1304 and Guidance, 1305, 1306, 1308 and Guidance, 1309 and 1311

Administration on Children, Youth and Families

HEAD START PROGRAM REGULATIONS AND PROGRAM GUIDANCE FOR PARTS 1304 AND 1308

Revised December 15, 1999

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INTRODUCTION

Head Start and Early Head Start[1] are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs, and have the overall goal of increasing the social competence of young children in low-income families. By "social competence" is meant the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. Social competence takes into account the interrelatedness of social, emotional, cognitive, and physical development.

Head Start services are also family-centered, following the tenets that children develop in the context of their family and culture and that parents are respected as the primary educators and nurturers of their children. Head Start offers family members with opportunities and support for growth and change, believing that people can identify their own strengths, needs, and interests and are capable of finding solutions.

To support the overall goal of improving social competence, Head Start embraces a core set of values, including commitments to:

- Establish a supportive learning environment for children, parents, and staff, in which the processes of enhancing awareness, refining skills, and increasing understanding are valued and promoted;
- Recognize that the members of the Head Start community — children, families, and staff — have roots in many cultures. Head Start families and staff, working together as a team, can effectively promote respectful, sensitive, and proactive approaches to diversity issues;
- Understand that the empowerment of families occurs when program governance is a responsibility shared by families, governing bodies, and staff, and when the ideas and opinions of families are heard and respected;
- Embrace a comprehensive vision of health for children, families, and staff, which assures that basic health needs are met, encourages practices that prevent future illnesses and injuries, and promotes positive, culturally relevant health behaviors that enhance life-long well-being;
- Respect the importance of all aspects of an individual's development, including social, emotional, cognitive, and physical growth;
- Build a community in which each child and adult is treated as an individual while, at the same time, a sense of belonging to the group is reinforced;
- Foster relationships with the larger community, so that families and staff are respected and served by a network of community agencies in partnership with one another; and
- Develop a continuum of care, education, and services that allow stable, uninterrupted support to families and children during and after their Head Start experience.

The Head Start program has a long tradition of delivering comprehensive and high quality services designed to foster healthy development in low-income children. Head Start grantee and delegate agencies provide a range of individualized services in the areas of education and early childhood development, medical, dental, and mental health, nutrition, and parent involvement. In addition, the entire range of Head Start services is responsive and appropriate to each child and family's developmental, ethnic, cultural, and linguistic heritage and experience.

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[1] Throughout the Guidance, "Head Start" is used to include both the Early Head Start and Head Start programs.

Head Start fosters the role of parents as the primary educators and nurturers, of and advocates for, their children. Therefore, local Head Start programs work in close partnership with parents to assist them in developing and utilizing individual and family strengths in order to successfully meet personal and family objectives. Parents are encouraged to become involved in all aspects of the program, from participation in children's activities to direct involvement in policy and program decisions.

Head Start is committed to cultivating partnerships within the community. Through the establishment of meaningful links with community organizations and programs focused upon early childhood development, family support, health, and education, each Head Start agency ensures that children and families receive an array of individualized services, and that community resources are used in an efficient and effective manner.

Head Start strives for excellence in program management that supports the provision of quality services for children and families. Policy groups, representative of Head Start parents and the larger community, and strong governing bodies play a critical role in overseeing the implementation of Head Start legislation, regulations, and policies. To achieve national excellence, local agencies are required to establish effective systems and procedures for program, financial, and human resources management. Additionally, a strong focus on staff training and development helps to ensure that children and families are served by individuals with the knowledge, skills, and experience necessary to provide high quality, comprehensive services.

The *Head Start Program Performance Standards* are designed to ensure that the Head Start goals and objectives are implemented successfully, that the Head Start philosophy continues to thrive, and that all grantee and delegate agencies maintain the highest possible quality in the provision of Head Start services. To assist agencies in their implementation of the standards, the Head Start Program Performance Standards (45 CFR Part 1304) are presented in this document, along with Guidance materials that illustrate some of the ways the standards could be implemented. Because Head Start services for children with disabilities are fully integrated into all areas of program services, the Head Start Program Performance Standards for Children with Disabilities (45 CFR Part 1308) are reissued in this document. To assist the reader in understanding all aspects of this comprehensive services program, this document also includes other applicable Head Start regulations (45 CFR Parts 1301, 1302, 1303, 1305, and 1306), a selected reference list, and an index.

How to Use This Publication

Those sections of the regulations with Guidance materials (Subparts B-D of Part 1304 and Subparts B-G of Part 1308) are presented in a two-column format. The standards represented in the left-hand column constitute Head Start regulations regarding program operations and activities with which all grantee and delegate agencies are required to comply. They were first published in the *Federal Register* on November 5, 1996 (Part 1304) and January 21, 1993 (Part 1308).

Standards: The *Head Start Program Performance Standards* are the mandatory regulations that grantees and delegate agencies must implement in order to operate a Head Start program. The standards define the objectives and features of a quality Head Start program in concrete terms; they articulate a vision of service delivery to young children and families; and they provide a regulatory structure for the monitoring and enforcement of quality standards.

Because of the critical nature and comprehensive scope of the *Head Start Program Performance Standards*, it is important for grantee and delegate agencies to provide staff members and parents with ongoing training on the standards and on ways to implement them locally. Staff and parents may, for example, be provided with an orientation to this publication, as well as training related to each section. In addition to training staff, agencies are to provide appropriate training to members of

Policy Committees and Policy Councils, as well as to other parents, members of governing bodies, and community partners.

The right-hand column of the section of the regulations with Guidance for Part 1304 contains four parts: an Introduction, a Rationale, Related Information, and Guidance.

Introduction: Each of the eleven sections of the *Head Start Program Performance Standards* in Part 1304 begins with an introductory statement summarizing the philosophy behind the section and the contents of the standards.

Rationale: The rationale statements explain *why* a Program Performance Standard is important.

Related Information: Related information provides cross-references to other standards and Guidance materials critical to implementing the standard represented in the left-hand column. References to other Head Start regulations and policy requirements outside the Program Performance Standards, as well as information about other Federal laws, also are listed under this heading. *In looking at related information, one needs to look at both the standard and the accompanying guidance.*

The number of cross-references highlights the way in which the *Head Start Program Performance Standards* are restructured to support an integrated approach to service delivery. No section of the Performance Standards and Guidance can be understood or implemented in isolation from the other sections.

Guidance: The Guidance provides examples or illustrations of *how* the standards could be implemented. Just as local Head Start programs are expected to honor the background and experience of all of the children and families served, the Administration on Children, Youth, and Families (ACYF) recognizes the uniqueness of each local program and the community within which it operates. Therefore, local programs are encouraged to develop approaches appropriate to their own communities — approaches that best meet the needs of the children and families served. These approaches may build upon the Guidance or differ from it.

Rather than being mandatory, as the standards are, the guidance represents *illustrations* of ways agencies *may* operationalize the standards. These illustrations are not the only ways to implement the standards, but are meant to stimulate the thinking of staff and parents about how the standards might be operationalized in their own program.

PART 1301 — HEAD START GRANTS ADMINISTRATION

Subpart A — General

1301.1 Purpose and scope.

This part establishes regulations applicable to program administration and grants management for all grants under the Act, including grants for technical assistance and training and grants for research, demonstration, and pilot projects.

1301.2 Definitions.

For the purposes of this part, unless the context requires otherwise:

Act means title V of the Economic Opportunity Act of 1964, as amended.

Budget period means the interval of time, into which a multi-year period of assistance (project period) is divided for budgetary and funding purposes.

Community means a city, county, a multi-city or multi-county unit within a state, an Indian reservation, or any neighborhood or other geographic area (irrespective of boundaries or political subdivisions) which provides a suitable organizational base and possesses the commonality of interest needed to operate a Head Start program.

Delegate agency means a public or private non-profit organization or agency to which a grantee has delegated all or part of its responsibility for operating a Head Start program.

Development and administrative costs mean costs incurred in accordance with an approved Head Start budget which do not directly relate to the provision of program component services, including services to children with disabilities, as set forth and described in the Head Start program performance standards (45 CFR part 1304).

Dual benefit costs mean costs incurred in accordance with an approved Head Start budget which directly relate to both development and administrative functions and to the program component services, including services to children with disabilities, as set forth and described in the Head Start program performance standards (45 CFR part 1304).

Head Start Agency or "grantee" means a local public or private non-profit agency designated to operate a Head Start program by the responsible HHS official, in accordance with part 1302 of this chapter.

Head Start program means a program, funded under the Act and carried out by a Head Start agency or a delegate agency, that provides ongoing comprehensive child development services.

Independent auditor means an individual accountant or an accounting firm, public or private agency, association, corporation, or partnership, that is sufficiently independent of the agency being audited to render objective and unbiased opinions, conclusions, and judgments.

Indirect costs mean those costs of a Head Start agency, as approved by the cognizant agency, the agency which has authority to set the grantee's indirect cost rate, which are not readily identifiable with a particular project or program but nevertheless are necessary to the general operation of the agency and the conduct of its activities.

Major disaster means any natural disaster or catastrophe which is of such severity and magnitude as to directly affect the capability of the Head Start agency or agencies providing Head Start programs to the damaged community to continue the programs without an increase in the Federal share above 80 percent.

Program costs mean costs incurred in accordance with an approved Head Start budget which directly relate to the provision of program component services, including services to children with disabilities, as set forth and described in the Head Start Program Performance Standards (45 CFR part 1304).

Responsible HHS official means the official of the Department of Health and Human Services who has authority to make grants under the Act.

Total approved costs mean the sum of all costs of the Head Start program approved for a given budget period by the Administration on Children, Youth and Families, as indicated on the Financial Assistance Award. Total approved costs consist of the Federal share plus any approved non-Federal share, including non-Federal share above the statutory minimum.

[44 FR 24061, Apr. 24, 1979, as amended at 57 FR 41884, Sept. 14, 1992]

Subpart B —
General Requirements

1301.10 General.

(a) Except as specified in paragraph (b) of this section, the following HHS regulations shall apply to all grants made under the Act:

45 CFR part 16 Department grant appeals process (except as provided in Sec. 1301.34)

45 CFR part 46 Protection of Human Subjects

45 CFR part 74 Administration of grants

45 CFR part 75 Informal grant appeals procedures (Indirect cost rates and other cost allocations)

45 CFR part 80 Nondiscrimination under programs receiving Federal assistance through the Department of Health and Human Services — Effectuation of title VI of the Civil Rights Act of 1964

45 CFR part 81 Practice and procedure for hearings under part 80

45 CFR part 84 Nondiscrimination on the basis of handicap in Federally assisted programs.

(b) 45 CFR part 74 is superseded as follows:

(1) Section 1301.11 of this subpart supersedes Sec. 74.15 of part 74 with respect to insurance and bonding of private, non-profit Head Start agencies; and

(2) Section 1301.12 of this subpart supersedes Sec. 74.61 of part 74 with respect to audit requirements for all Head Start agencies.

1301.11 Insurance and bonding.

(a) Private nonprofit Head Start agencies and their delegate agencies shall carry reasonable amounts of student accident insurance, liability insurance for accidents on their premises, and transportation liability insurance.

(b) Private nonprofit Head Start and delegate agencies shall make arrangements for bonding officials and employees authorized to disburse program funds.

1301.12 Annual audit of Head Start programs.

(a) An audit of the Head Start program covering the prior budget period of each Head Start agency and its delegate agencies, if any, shall be made by an independent auditor to determine:

(1) Whether the agency's financial statements are accurate;

(2) Whether the agency is complying with the terms and conditions of the grant; and

(3) Whether appropriate financial and administrative procedures and controls have been installed and are operating effectively. Head Start agencies shall either include delegate agency audits as a part of their own audits or provide for separate independent audits of their delegate agencies.

(b) Upon a written request showing necessity, the responsible HHS official may approve a period other than the prior budget period to be covered by the annual audit.

(c) Unless otherwise approved by the responsible HHS official, the report of the audit shall be submitted to the responsible HHS official, in the manner and form prescribed by him or her, within 4 months after the end of the prior budget period.

1301.13 Accounting system certification.

(a) Upon request by the responsible HHS official, each Head Start agency or its delegate agency shall submit an accounting system certification, prepared by an independent auditor, stating that the accounting system or systems established by the Head Start agency, or its delegate, has appropriate internal controls for safeguarding assets, checking the accuracy and reliability of accounting data, and promoting operating efficiency.

(b) A Head Start agency shall not delegate any of its Head Start program responsibilities to a delegate agency prior to receiving a certification that the delegate agency's accounting system meets the requirements specified in paragraph (a) of this section.

Subpart C — Federal Financial Assistance

1301.20 Matching requirements.

(a) Federal financial assistance granted under the act for a Head Start program shall not exceed 80 percent of the total costs of the program, unless:

(1) An amount in excess of that percentage is approved under section 1301.21; or

(2) The Head Start agency received Federal financial assistance in excess of 80 percent for any budget period falling within fiscal year 1973 or fiscal year 1974. Under the circumstances described in clause

(3) Of the preceding sentence, the agency is entitled to receive the same percentage of Federal financial assistance that it received during such budget periods.

(b) The non-Federal share will not be required to exceed 20 percent of the total costs of the program.

(c) Federal financial assistance awarded to Head Start grantees for training and technical assistance activities shall be included in the Federal share in determining the total approved costs of the program. Such financial assistance is, therefore, subject to the 20 percent non-Federal matching requirement of this subpart.

[44 FR 24061, Apr. 24, 1979, as amended at 57 FR 41884, Sept. 14, 1992]

1301.21 Criteria for increase in Federal financial assistance.

The responsible HHS official, on the basis of a written application and any supporting evidence he or she may require, will approve financial assistance in excess of 80 percent if he or she concludes that the Head Start agency has made a reasonable effort to meet its required non-Federal share but is unable to do so; and the Head Start agency is located in a county:

(a) That has a personal per capita income of less that $3,000 per year; or

(b) That has been involved in a major disaster.

Subpart D — Personnel and General Administration

1301.30 General requirements.

Head Start agencies and delegate agencies shall conduct the Head Start program in an effective and efficient manner, free of political bias or family favoritism. Each agency shall also provide reasonable public access to information and to the agency's records pertaining to the Head Start program.

1301.31 Personnel policies.

(a) *Written Policies.* Grantee and delegate agencies must establish and implement written personnel policies for staff, that are approved by the Policy Council or Policy Committee and that are made available to all grantee and delegate agency staff. At a minimum, such policies must include:

(1) Descriptions of each staff position, addressing, as appropriate, roles and responsibilities, relevant qualifications, salary range, and employee benefits (see 45 CFR 1304.52(c) and (d));

(2) A description of the procedures for recruitment, selection and termination (see paragraph (b) of this Section, Staff recruitment and selection procedures);

(3) Standards of conduct (see 45 CFR 1304.52(h);

(4) Descriptions of methods for providing staff and volunteers with opportunities for training, development, and advancement (see 45 CFR 1304.52(k), Training and development);

(5) A description of the procedures for conducting staff performance appraisals (see 45 CFR 1304.52(i), Staff performance appraisals);

(6) Assurances that the program is an equal opportunity employer and does not discriminate on the basis of gender, race, ethnicity, religion or disability; and

(7) A description of employee-management relations procedures, including those for managing employee grievances and adverse actions.

(b) *Staff recruitment and selection procedures.*

(1) Before an employee is hired, grantee or delegate agencies must conduct:

(i) An interview with the applicant;

(ii) A verification of personal and employment references; and

(iii) A State or national criminal record check, as required by State law or administrative requirement. If it is not feasible to obtain a criminal record check prior to hiring, an employee must not be considered permanent until such a check has been completed.

(2) Grantee and delegate agencies must require that all current and prospective employees sign a declaration prior to employment that lists:

(i) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;

(ii) Convictions related to other forms of child abuse and neglect; and

(iii) All convictions of violent felonies.

(3) Grantee and delegate agencies must review each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.

(c) *Declaration exclusions.* The declaration required by paragraph (b)(2) of this section may exclude:

(1) Traffic fines of $200.00 or less;

(2) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;

(3) Any conviction the record of which has been expunged under Federal or State law; and

(4) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

(d) *Probationary period.* The policies governing the recruitment and selection of staff must provide for a probationary period for all new employees that allows time to monitor employee performance and to examine and act on the results of the criminal record checks discussed in paragraph (b)(1) of this Section.

(e) *Reporting child abuse or sexual abuse.* Grantee and delegate agencies must develop a plan for responding to suspected or known child abuse or sexual abuse as defined in 45 CFR 1340.1-2(b) whether it occurs inside or outside of the program.

(Approved by the Office of Management and Budget under control number 0980-0173)

[53 FR 5979, Feb. 29, 1988]

Appendix A to 1301.31 — Identification and Reporting of Child Abuse and Neglect

The Chapter N-30-356-1 in the Head Start Policy Manual reads as follows:

N-30-356-1-00 Purpose.
10 Scope.
20 Applicable law and policy.
30 Policy.

Authority: 80 Stat. 2304 (42 U.S.C. 2928h).

N-30-356-1-00 *Purpose.* This chapter sets forth the policy governing the prevention, identification, treatment, and reporting of child abuse and neglect in Head Start.

N-30-356-1-10 *Scope.* This policy applies to all Head Start grantee and delegate agencies that operate or propose to operate a Full-Year or Summer Head Start program, or experimental or demonstration programs funded by Head Start. This issuance constitutes Head Start policy and noncompliance with this policy will result in appropriate action by the responsible HEW official.

N-30-356-1-20 *Applicable law and policy.* Section 511 of the Head Start-Follow Through Act, Pub. L. 93-644, requires Head Start agencies to provide comprehensive health, nutritional educational, social and other services to the children to attain their full potential. The prevention, identification, treatment, and reporting of child abuse and neglect is a part of the social services in Head Start. In order for a State to be eligible for grants under the Child Abuse Prevention and Treatment Act (hereinafter called "the Act"), Pub. L. 93-247, the State must have a child abuse and neglect reporting law which defines "child abuse and neglect" substantially as that term is defined in the regulations implementing the Act, 45 CFR 1340.1-2(b). That definition is as follows:

A. "(b) 'Child abuse and neglect' means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare.

"1. 'Harm or threatened harm to a child's health or welfare' can occur through: Nonaccidental physical or mental injury; sexual abuse, as defined by State law; or neglectful treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services to be provided to the child, where his health requires it.

"2. 'Child' means a person under the age of eighteen.

"3. 'A person responsible for a child's health or welfare' includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution."

In addition, among other things, the State would have to provide for the reporting of known or suspected instances of child abuse and neglect.

It is to be anticipated that States will attempt to comply with these requirements. However, a Head Start program, in dealing with and reporting child abuse and neglect, will be subject to and will act in accordance with the law of the State in which it operates whether or not that law meets the requirements of the Act. Thus, it is the intention of this policy in the interest of the protection of children to insure compliance with and, in some respects, to supplement State or local law, not to supersede it. Thus, the phrase "child abuse and neglect," as used herein, refers to both the definition of abuse and neglect under applicable State or local law, and the evidentiary standard required for reporters under applicable State or local law.

N-30-356-1-30 *Policy — A. General provisions.*

1. Head start agencies and delegate agencies must report child abuse and neglect in accordance with the provisions of applicable State or local law.

a. In those States and localities with laws which require such reporting by pre-school and day care staff, Head Start agencies and delegate agencies must report to the State or local agencies designated by the State under applicable State or local Child Abuse and Neglect reporting law.

b. In those States and localities in which such reporting by pre-school and day care staff is "permissive" under State or local law, Head Start agencies and delegate agencies must report child abuse and neglect if applicable State or local law provides immunity from civil and criminal liability for good-faith voluntary reporting.

2. Head Start agencies and delegate agencies will preserve the confidentiality of all records pertaining to child abuse or neglect in accordance with applicable State or local law.

3. Consistent with this policy, Head Start programs will not undertake, on their own, to treat cases of child abuse and neglect. Head Start programs will, on the other hand, cooperate fully with child protective service agencies in their communities and make every effort to retain in their programs children allegedly abused or neglected — recognizing that the child's participation in Head Start may be essential in assisting families with abuse or neglect problems.

4. With the approval of the policy council, Head Start programs may wish to make a special effort to include otherwise eligible children suffering from abuse or neglect, as referred by the child protective services agency.

However, it must be emphasized that Head Start is not nor is it to become a primary instrument for the treatment of child abuse and neglect. Nevertheless, Head Start has an important preventative role to play in respect to child abuse and neglect.

B. *Special provisions — 1. Staff responsibility.* Directors of Head Start agencies and delegate agencies that have not already done so shall immediately designate a staff member who will have responsibility for:

a. Establishing and maintaining cooperative relationships with the agencies providing child protective services in the community, and with any other agency to which child abuse and neglect must be reported under State law, including regular formal and informal communication with staff at all levels of the agencies;

b. Informing parents and staff of what State and local laws require in cases of child abuse and neglect;

c. Knowing what community medical and social services are available for families with an abuse or neglect problem;

d. Reporting instances of child abuse and neglect among Head Start children reportable under State law on behalf of the Head Start program;

e. Discussing the report with the family if it appears desirable or necessary to do so;

f. Informing other staff regarding the process for identifying and reporting child abuse and neglect. (In a number of States it is a statutory requirement for professional child-care staff to report abuse and neglect. Each program should establish a procedure for identification and reporting.)

2. *Training.* Head Start agencies and delegate agencies shall provide orientation and training for staff on the identification and reporting of child abuse and neglect. They should provide an orientation for parents on the need to prevent abuse and neglect and provide protection for abused and neglected children. Such orientation ought to foster a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers.

[53 FR 5979, Feb. 29, 1988]

1301.32 Limitations on costs of development and administration of a Head Start program.

(a) *General provisions.* (1) Allowable costs for developing and administering a Head Start program may not exceed 15 percent of the total approved costs of the program, unless the responsible HHS official grants a waiver approving a higher percentage for a specific period of time not to exceed twelve months.

(2) The limit of 15 percent for development and administrative costs is a maximum. In cases where the costs for development and administration are at or below 15 percent, but are judged by the responsible HHS official to be excessive, the grantee must eliminate excessive development and administrative costs.

(b) *Development and administrative costs.* (1) Costs classified as development and administrative costs are those costs related to the overall management of the program. These costs can be in both the personnel and nonpersonnel categories.

(2) Grantees must charge the costs of organization-wide management functions as development and administrative costs. These functions include planning, coordination and direction; budgeting, accounting, and auditing; and management of purchasing, property, payroll and personnel.

(3) Development and administrative costs include, but are not limited to, the salaries of the executive director, personnel officer, fiscal officer/bookkeeper, purchasing officer, payroll/insurance/property clerk, janitor for administrative office space, and costs associated with volunteers carrying out administrative functions.

(4) Other development and administrative costs include expenses related to administrative staff functions such as the costs allocated to fringe benefits, travel, per diem, transportation and training.

(5) Development and administrative costs include expenses related to bookkeeping and payroll services, audits, and bonding; and, to the extent they support development and administrative functions and activities, the costs of insurance, supplies, copy machines, postage, and utilities, and occupying, operating and maintaining space.

(c) *Program costs.* Program costs include, but are not limited to:

(1) Personnel and non-personnel costs directly related to the provision of program component services and component training and transportation for staff, parents and volunteers;

(2) Costs of functions directly associated with the delivery of program component services through the direction, coordination or implementation of a specific component;

(3) Costs of the salaries of program component coordinators and component staff, janitorial and transportation staff involved in program component efforts, and the costs associated with parent involvement and component volunteer services; and

(4) Expenses related to program staff functions, such as the allocable costs of fringe benefits, travel, per diem and transportation, training, food, center/classroom supplies and equipment, parent activities funds, insurance, and the occupation, operation and maintenance of program component space, including utilities.

(d) *Dual benefit costs.* (1) Some costs benefit both the program components as well as development and administrative functions within the Head Start program. In such cases, grantees must identify and allocate appropriately the portion of the costs that are for development and administration.

(2) Dual benefit costs include, but are not limited to, salaries, benefits and other costs (such as travel, per diem, and training costs) of staff who perform both program and development and administrative functions. Grantees must determine and allocate appropriately the part of these costs dedicated to development and administration.

(3) Space costs, and costs related to space, such as utilities, are frequently dual benefit

costs. The grantee must determine and allocate appropriately the amount or percentage of space dedicated to development and administration.

(e) *Relationship between development and administrative costs and indirect costs.* (1) Grantees must categorize costs in a Head Start program as development and administrative or program costs. These categorizations are separate from the decision to charge such costs directly or indirectly.

(2) Grantees must charge all costs, whether program or development and administrative, either directly to the project or as part of an indirect cost pool.

(f) *Requirements for compliance.* (1) Head Start grantees must calculate the percentage of their total approved costs allocated to development and administration as a part of their budget submission for initial funding, refunding or for a request for supplemental assistance in connection with a Head Start program. These costs may be a part of the direct or the indirect cost pool.

(2) The Head Start grant applicant shall delineate all development and administrative costs in its application.

(3) Indirect costs which are categorized as program costs must be fully explained in the application.

(g) *Waiver.* (1) The responsible HHS official may grant a waiver of the 15 percent limitation on development and administrative costs and approve a higher percentage for a specific period of time not to exceed twelve months. The conditions under which a waiver will be considered are listed below and encompass those situations under which development and administrative costs are being incurred, but the provision of actual services has not begun or has been suspended. A waiver may be granted when:

(i) A new Head Start grantee or delegate agency is being established or services are being expanded by an existing Head Start grantee or delegate agency, and the delivery of component services to children and families is delayed until all program development and planning is well underway or completed; or

(ii) Component services are disrupted in an existing Head Start program due to circumstances not under the control of the grantee.

(2) A Head Start grantee that estimates that the cost of development and administration will exceed 15 percent of total approved costs must submit a request for a waiver that explains the reasons for exceeding the limitation. This must be done as soon as the grantee determines that it cannot comply with the 15 percent limit, regardless of where the grantee is within the grant funding cycle.

(3) The request for the waiver must include the period of time for which the waiver is requested. It must also describe the action the grantee will take to reduce its development and administrative costs so that the grantee will be able to assure that these costs will not exceed 15 percent of the total approved costs of the program after the completion of the waiver period.

(4) If granted, the waiver and the period of time for which it will be granted will be indicated on the Financial Assistance Award.

(5) If a waiver requested as a part of a grant application for funding or refunding is not approved, no Financial Assistance Award will be awarded to the Head Start program until the grantee resubmits a revised budget that complies with the 15 percent limitation.

(Information collection requirements contained in paragraphs (f) (2) and (3) of this section were approved on January 26, 1993, by the Office of Management and Budget under Control Number 0980-1043).

[57 FR 41885, Sept. 14, 1992, as amended at 58 FR 26918, May 6, 1993]

1301.33 Delegation of program operations.

Federal financial assistance is not available for program operations where such operations have been delegated to a delegate agency by a

Head Start agency unless the delegation of program operations is made by a written agreement and has been approved by the responsible HHS official before the delegation is made.

1301.34 Grantee appeals.

An agency receiving a grant under the Act for technical assistance and training, or for a research, demonstration, or pilot project may appeal adverse decisions in accordance with part 16 of this title. Head Start agencies are also subject to the appeal procedures in part 16 except appeals by those agencies for suspension, termination and denial of refunding are subject to part 1303 of this title.

PART 1302 — POLICIES AND PROCEDURES FOR SELECTION, INITIAL FUNDING, AND REFUNDING OF HEAD START GRANTEES, AND FOR SELECTION OF REPLACEMENT GRANTEES

Subpart A — General

1302.1 Purpose and scope.

The purpose of this part is to set forth policies and procedures for the selection, initial funding and refunding of Head Start grantees and for the selection of replacement grantees in the event of the voluntary or involuntary termination, or denial of refunding, of Head Start programs. It particularly provides for consideration of the need for selection of a replacement grantee where the continuing eligibility (legal status) and fiscal capability (financial viability) of a grantee to operate a Head Start program is cast in doubt by the cessation of funding under section 519 of the Act or by the occurrence of some other major change. It is intended that Head Start programs be administered effectively and responsibly; that applicants to administer programs receive fair and equitable consideration; and that the legal rights of current Head Start grantees be fully protected.

1302.2 Definitions.

As used in this part —

Act means Title V of The Economic Opportunity Act of 1964, as amended.

Approvable application means an application for a Head Start program, either as an initial application or as an application to amend an approved application governing an on-going Head Start program, which, in addition to showing that the applicant has legal status and financial viability, provides for comprehensive services for children and families and for effective and responsible administration which are in conformity with the Act and applicable regulations, the Head Start Manual and Head Start policies.

Community action agency means a public or private nonprofit agency or organization designated as a community action agency by the Director of the Community Services Administration pursuant to section 210(a) or section 210(d) of the Act.

Community action program means a program operated by a community action agency.

Financial viability means the capability of an applicant or the continuing capability of a grantee to furnish the non-Federal share of the cost of operating an approvable or approved Head Start program.

Head Start grantee or *grantee* means a public or private nonprofit agency or organization whose application to operate a Head Start program pursuant to section 514 of the Act has been approved by the responsible HHS official.

Indian tribe means any tribe, band, nation, pueblo, or other organized group or community of Indians, including any Native village described in section 3(c) of the Alaska Native Claims Settlement Act (43 U.S.C. 1602 (c)) or established pursuant to such Act (43 U.S.C. 1601 *et seq.*) that is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians.

Legal status means the existence of an applicant or grantee as a public agency or organization under the law of the State in which it is located, or existence as a private nonprofit agency or organization as a legal entity recognized under the law of the State in which it is located. Existence as a private non-profit agency or organization may be established under applicable State or Federal law.

Responsible HHS official means the official of the Department of Health and Human Services who has authority to make grants under the Act.

1302.3 Consultation with public officials and consumers.

Responsible HHS officials will consult with Governors, or their representatives, appropriate local general purpose government officials, and Head Start Policy Council and other appropriate representatives of communities to be served on the proposed replacement of Head Start grantees.

1302.4 Transfer of unexpended balances.

When replacing a grantee, unexpended balances of funds in the possession of such grantee in the fiscal year following the fiscal year for which the funds were appropriated may be transferred to the replacement grantee if the approved application of the replacement grantee provides for the continuation of the Head Start services without significant change to the same enrollees and their parents and undertakes to offer employment to the staff of the terminating grantee. A letter of concurrence in the change should be obtained from the terminating grantee whenever possible.

1302.5 Notice for show cause and hearing.

(a) Except in emergency situations, the responsible HHS official will not suspend financial assistance under the Act unless the grantee has been given an opportunity, in accordance with part 1303, subpart D, of this chapter, to show cause why such action should not be taken.

(b) The responsible HHS official will not terminate a grant, suspend a grant for longer than 30 days, or deny refunding to a grantee, unless the grantee has been given an opportunity for a hearing in accordance with part 1303 of this chapter.

Subpart B — Bases for Selection of Grantees

1302.10 Selection among applicants.

(a) The basis for selection of applicants proposing to operate a Head Start program will be the extent to which the applicants demonstrate in their application the most effective Head Start program.

(b) In addition to the applicable criteria at section 641(d) of the Head Start Act, the criteria for selection will include:

(1) The cost effectiveness of the proposed program;

(2) The qualifications and experience of the applicant and the applicant's staff in planning, organizing and providing comprehensive child development services at the community level, including the administrative and fiscal capability of the applicant to administer all Head Start programs carried out in the designated service area;

(3) The quality of the proposed program as indicated by adherence to or evidence of the intent and capability to adhere to Head Start Performance Standards (in 45 CFR part 1304) and program policies, including the opportunities provided for employment of target area residents and career development for paraprofessional and other staff and provisions made for the direct participation of parents in the planning, conduct and administration of the program;

(4) The proposed program design and option including the suitability of facilities and equipment proposed to be used in carrying out the program, as it relates to community needs and as the applicant proposes to implement the program in accordance with program policies and regulations; and

(5) The need for Head Start services in the community served by the applicant.

[57 FR 41887, Sept. 14, 1992]

1302.11 Selection among applicants to replace grantee.

The bases for making a selection among applicants which submit approvable applications to replace a grantee, in addition to the basis in Sec. 1302.10 of this part, shall be:

(a) The extent to which provision is made for a continuation of services to the eligible children who have been participating as enrollees in the program;
(b) The extent to which provision is made for continuation of services to the target area or areas served by the program; and

(c) The extent to which provision is made for continued employment by the applicant of the qualified personnel of the existing program.

Subpart C — Change in Grantee Requiring Amendment of Approved Application or Replacement of Head Start Program

1302.20 Grantee to show both legal status and financial viability.

(a) Upon the occurrence of a change in the legal condition of a grantee or of a substantial diminution of the financial resources of a grantee, or both, for example, such as might result from cessation of grants to the grantee under section 514 of the Act, the grantee is required within 30 days after the effective date of the regulations in this Part or the date the grantee has notice or knowledge of the change, whichever is later, to show in writing to the satisfaction of the responsible HHS official that it has and will continue to have legal status and financial viability. Failure to make this showing may result in suspension, termination or denial of refunding.

(b) The responsible HHS official will notify the grantee in writing of the decision as to the grantee's legal status and financial viability within 30 days after receiving the grantee's written submittal.

(c) When it is consistent with proper and efficient administration, the responsible HHS official may extend a grantee's program year to end on the date when a change in its legal condition or a substantial diminution of financial resources, or both, is scheduled to take place.

1302.21 Grantee shows legal status but not financial viability.

(a) If a grantee shows legal status but impaired financial viability the responsible HHS official will entertain a timely request for amendment of the grantee's approved application which restores the grantee's financial viability either by a reduction in the program which produces minimum disruption to services and functions, or by an amendment which incorporates essential functions and services not previously funded as part of the total cost of the Head Start program, and, therefore, requires an increase in the amount of the Head Start grant but which will not result in a Federal share of the total cost of the Head Start program in excess of the percentage authorized by the Act or applicable regulations. In considering such a request which includes an increase in the Head Start grant the responsible HHS official will take into account the funds available to him for obligation and whether the proposed increase is consistent with that distribution of Head Start funds which:

(1) Maximizes the number of children served within his area of responsibility, or in the case of experimental or demonstration programs, the experimental or demonstration benefits to be achieved, and

(2) Maintains approximately the same distribution of Head Start program funds to States as exist during the fiscal year in which his decision is made.

(b) A request for amendment will be considered to be timely if it is included with the written submittal required by Sec. 1302.20(a) of this part, submitted within 30 days after receiving the notice required by Sec. 1302.20(b) of this part, or submitted as a part of a timely application for refunding.

(c) The grantee will be notified in writing by the responsible HHS official within 30 days after submission of the requested amendment of the decision to approve or disapprove the requested amendment. If the requested amendment is disapproved the notice will contain a statement of the reasons for disapproval.

1302.22 Suspension or termination of grantee which shows financial viability but not legal status.

If a grantee fails to show that it will continue to have legal status after the date of change even though it may show financial viability, the grant shall be suspended or terminated or refunding shall be denied as of the date of change. If it appears reasonable to the responsible HHS official that the deficiency in legal status will be corrected within 30 days he may suspend the grant for not to exceed 30 days after the date of change or the date of submission of a timely request for amendment. If such correction has not been made within the 30 day period the grant shall be terminated.

1302.23 Suspension or termination of grantee which shows legal status but not financial viability.

(a) If the date of change of financial viability precedes or will precede the end of the grantee's program year the grant will be suspended or terminated on that date, or, if a request for amendment has been submitted under Sec. 1302.21 of this part, upon written notice of disapproval of the requested amendment, whichever is later. If it appears reasonable to the responsible HHS official that the deficiency in financial viability will be corrected within 30 days he may suspend the grant for not to exceed 30 days after the date of change or notice of disapproval. If such correction has not been made within the 30 day period the grant will be terminated.

1302.24 Denial of refunding of grantee.

(a) If the date of change will coincide with or will come after the end of the program year and the grantee has notice or knowledge of such change prior to the end of the program year any action taken to approve the grantee's application for refunding for the following program year shall be subject to rescission or ratification depending upon the decision of the responsible HHS official on the grantee's legal status and financial viability and on any requested amendment submitted by the grantee. If the requested amendment is disapproved the responsible HHS official may extend the program year in accordance with Sec. 1302.20(c) of this part.

(b) If the date of change coincides with the end of the program year and the grantee does not have notice or knowledge of the change prior thereto and the grantee's application for refunding for the following program year has been approved, such approval shall be subject to rescission or ratification depending upon the decision of the responsible HHS official on the grantee's legal status and viability and on any requested financial amendment submitted by the grantee.

(c) If the date of change will coincide with or will come after the end of the program year and if the responsible HHS official has prior notice thereof from the grantee or other official source such as the Community Services Administration action to approve any application for refunding submitted by the grantee shall be deferred pending decision by the responsible HHS official on the grantee's legal status and financial viability and any requested amendment submitted by the grantee.

(d) When the responsible HHS official determines to approve a requested amendment for refunding he will approve it for the full term of the proposed program period, if that period as approved is no longer than a program year.

1302.25 Control of funds of grantee scheduled for change.

Responsible HHS officials will place strict controls on the release of grant funds to grantees which are scheduled for change by cessation of their grants under section 519 of the Act. Specifically, the following controls will be established:

(a) Funds will be released on a monthly basis regardless of the form of grant payment.

(b) Funds released each month will be limited to the amount required to cover actual disbursements during that period for activities authorized under the approved Head Start program.

(c) The amount of funds released must be approved each month by the responsible HHS official.

Subpart D — Replacement of Indian Tribal Grants

1302.30 Procedure for identification of alternative agency.

(a) An Indian tribe whose Head Start grant has been terminated, or which has been denied refunding as a Head Start grantee, may identify an agency and request the responsible HHS official to designate such agency as an alternative agency to provide Head Start services to the tribe if:

(1) The tribe was the only agency that was receiving Federal financial assistance to provide Head Start services to members of the tribe; and

(2) The tribe would be otherwise precluded from providing such services to its members because of the termination or denial of refunding.

(b)(1) The responsible HHS official, when notifying a tribal grantee of the intent to terminate financial assistance or deny its application for refunding, must notify the grantee that it may identify an agency and request that the agency serve as the alternative agency in the event that the grant is terminated or refunding denied.

(2) The tribe must identify the alternate agency to the responsible HHS official, in writing, within the time for filing an appeal under 45 CFR Part 1303.

(3) The responsible HHS official will notify the tribe, in writing, whether the alternative agency proposed by the tribe is found to be eligible for Head Start funding and capable of operating a Head Start program. If the alternative agency identified by the tribe is not an eligible agency capable of operating a Head Start program, the tribe will have 15 days from the date of the sending of the notification to that effect from the responsible HHS official to identify another agency and request that the agency be designated. The responsible HHS official will notify the tribe in writing whether the second proposed alternate agency is found to be an eligible agency capable of operating the Head Start program.

(4) If the tribe does not identify a suitable alternative agency, a replacement grantee will be designated under these regulations.

(c) If the tribe appeals a termination of financial assistance or a denial of refunding, it will, consistent with the terms of 45 CFR Part 1303, continue to be funded pending resolution of the appeal. However, the responsible HHS official and the grantee will proceed with the steps outlined in this regulation during the appeal process.

(d) If the tribe does not identify an agency and request that the agency be appointed as the alternative agency, the responsible HHS official will seek a permanent replacement grantee under these regulations.

1302.31 Requirements of alternative agency.

The agency identified by the Indian tribe must establish that it meets all requirements established by the Head Start Act and these requirements for designation as a Head Start grantee and that it is capable of conducting a Head Start program. The responsible HHS official, in deciding whether to designate the proposed agency, will analyze the capacity and experience of the agency according to the criteria found in section 641(d) of the Head Start Act and §§ 1302.10(b)(1) through (5) and 1302.11 of this part.

1302.32 Alternative agency — prohibition.

(a) No agency will be designated as the alternative agency pursuant to this subpart if the agency includes an employee who:

(1) Served on the administrative or program staff of the Indian tribal grantee, and

(2) Was responsible for a deficiency that:

(i) Relates to the performance standards or financial management standards described in the Head Start Act; and

(ii) Was the basis for the termination or denial of refunding described in § 1302.30 of this part.

(b) The responsible HHS official shall determine whether an employee was responsible for a deficiency within the meaning and context of this section.

PART 1303 — APPEAL PROCEDURES FOR HEAD START GRANTEES AND CURRENT OR PROSPECTIVE DELEGATE AGENCIES

Subpart A — General

1303.1 Purpose and application.

This part prescribes regulations based on section 646 of the Head Start Act, 42 U.S.C. 9841, as it applies to grantees and current or prospective delegate agencies engaged in or wanting to engage in the operation of Head Start programs under the Act. It prescribes the procedures for appeals by current and prospective delegate agencies from specified actions or inaction by grantees. It also provides procedures for reasonable notice and opportunity to show cause in cases of suspension of financial assistance by the responsible HHS official and for an appeal to the Departmental Appeals Board by grantees in cases of denial of refunding, termination of financial assistance, and suspension of financial assistance.

1303.2 Definitions.

As used in this part:

Act means the Head Start Act, 42 U.S.C. section 9831, *et seq.*

ACYF means the Administration on Children, Youth and Families in the Department of Health and Human Services, and includes Regional staff.

Agreement means either a grant or a contract between a grantee and a delegate agency for the conduct of all or part of the grantee's Head Start program.

Day means the 24 hour period beginning at 12 a.m. local time and continuing for the next 24 hour period. It includes all calendar days unless otherwise expressly noted.

Delegate Agency means a public or private non-profit organization or agency to which a grantee has delegated by written agreement the carrying out of all or part of its Head Start program.

Denial of Refunding means the refusal of a funding agency to fund an application for a continuation of a Head Start program for a subsequent program year when the decision is based on a determination that the grantee has improperly conducted its program, or is incapable of doing so properly in the future, or otherwise is in violation of applicable law, regulations, or other policies.

Funding Agency means the agency that provides funds directly to either a grantee or a delegate agency. ACYF is the funding agency for a grantee, and a grantee is the funding agency for a delegate agency.

Grantee means the local public or private non-profit agency which has been designated as a Head Start agency under 42 U.S.C. 9836 and which has been granted financial assistance by the responsible HHS official to operate a Head Start program.

Interim Grantee means an agency which has been appointed to operate a Head Start program for a period of time not to exceed one year while an appeal of a denial of refunding, termination or suspension action is pending.

Prospective Delegate Agency means a public or private non-profit agency or organization which has applied to a grantee to serve as a delegate agency.

Responsible HHS Official means the official who is authorized to make the grant of financial assistance to operate a Head Start program or his or her designee.

Submittal means the date of actual receipt or the date the material was served in accordance with Sec. 1303.5 of this part for providing documents or notices of appeals, and similar matters, to either grantees, delegate agencies, prospective delegate agencies, or ACYF.

Substantial Rejection means that a funding agency requires that the funding of a current delegate agency be reduced to 80 percent or less of the current level of operations for any reason other than a determination that the delegate agency does not need the funds to serve all the eligible persons it proposes to serve.

Suspension of a grant means temporary withdrawal of the grantee's authority to obligate grant funds pending corrective action by the grantee.

Termination of a grant or *delegate agency agreement* means permanent withdrawal of the grantee's or delegate agency's authority to obligate previously awarded grant funds before that authority would otherwise expire. It also means the voluntary relinquishment of that authority by the grantee or delegate agency. Termination does not include:

(1) Withdrawal of funds awarded on the basis of the grantee's or delegate agency's underestimate of the unobligated balance in a prior period;

(2) Refusal by the funding agency to extend a grant or award additional funds (such as refusal to make a competing or non-competing continuation renewal, extension or supplemental award);

(3) Withdrawal of the unobligated balance as of the expiration of a grant;

(4) Annulment, i.e., voiding of a grant upon determination that the award was obtained fraudulently or was otherwise illegal or invalid from its inception.

Work day means any 24 hour period beginning at 12 a.m. local time and continuing for 24 hours. It excludes Saturdays, Sundays, and legal holidays. Any time ending on one of the excluded days shall extend to 5 p.m. of the next full work day.

1303.3 Right to attorney, attorney fees, and travel costs.

(a) All parties to proceedings under this part, including informal proceedings, have the right to be represented by an attorney.

(1) Attorney fees may be charged to the program grant in an amount equal to the usual and customary fees charged in the locality. However, such fees may not exceed $250.00 per day, adjusted annually to reflect the percentage change in the Consumer Price Index for All Urban Consumers (issued by the Bureau of Labor Statistics) beginning one year after the effective date of these regulations. The grantee or delegate agency may use current operating funds to pay these costs. The fees of only one attorney may be charged to the program grant with respect to a particular dispute. Such fees may not be charged if the grantee or delegate agency has an attorney on its staff, or if it has a retainer agreement with an attorney which fully covers fees connected with litigation. The grantee or delegate agency shall have the burden of establishing the usual and customary fees and shall furnish documentation to support that determination that is satisfactory to the responsible HHS official.

(2) A grantee or delegate agency may designate up to two persons to attend and participate in proceedings held under this Part. Travel and per diem costs of such persons, and of an attorney representing the grantee or delegate agency, shall not exceed those allowable under Standard Governmental Travel Regulations in effect at the time of the travel.

(b) In the event that use of program funds under this section would result in curtailment of program operations or inability to liquidate prior obligations, the party so affected may apply to the responsible HHS official for payment of these expenses.

(c) The responsible HHS official, upon being satisfied that these expenditures would result in curtailment of program operations or inability to liquidate prior obligations, must make payment therefor to the affected party by way of reimbursement from currently available funds.

1303.4 Remedies.

The procedures established by subparts B and C of this Part shall not be construed as precluding ACYF from pursuing any other remedies authorized by law.

1303.5 Service of process.

Whenever documents are required to be filed or served under this part, or notice provided under this part, certified mail shall be used with a return receipt requested. Alternatively, any other system may be used that provides proof of the date of receipt of the documents by the addressee. If this regulation is not complied with, and if a party alleges that it failed to receive documents allegedly sent to it, there will be a rebuttable presumption that the documents or notices were not sent as required by this part, or as alleged by the party that failed to use the required mode of service. The presumption may be rebutted only by a showing supported by a preponderance of evidence that the material was in fact submitted in a timely manner.

1303.6 Successor agencies and officials.

Wherever reference is made to a particular Federal agency, office, or official it shall be deemed to apply to any other agency, office, or official which subsequently becomes responsible for administration of the program or any portion of it.

1303.7 Effect of failure to file or serve documents in a timely manner.

(a) Whenever an appeal is not filed within the time specified in these or related regulations, the potential appellant shall be deemed to have consented to the proposed action and to have waived all rights of appeal.

(b) Whenever a party has failed to file a response or other submission within the time required in these regulations, or by order of an appropriate HHS responsible official, the party shall be deemed to have waived the right to file such response or submission.

(c) A party fails to comply with the requisite deadlines or time frames if it exceeds them by any amount.

(d) The time to file an appeal, response, or other submission may be waived in accordance with Sec. 1303.8 of this part.

1303.8 Waiver of requirements.

(a) Any procedural requirements required by these regulations may be waived by the responsible HHS official or such waiver requests may be granted by the Departmental Appeals Board in those cases where the Board has jurisdiction. Requests for waivers must be in writing and based on good cause.

(b) Approvals of waivers must be in writing and signed by the responsible HHS official or by the Departmental Appeals Board when it has jurisdiction.

(c) "Good cause" consists of the following:

(1) Litigation dates cannot be changed;

(2) Personal emergencies pertaining to the health of a person involved in and essential to the proceeding or to a member of that person's immediate family, spouse, parents, or siblings;

(3) The complexity of the case is such that preparation of the necessary documents cannot reasonably be expected to be completed within the standard time frames;

(4) Other matters beyond the control of the party requesting the waiver, such as strikes and natural disasters.

(d) Under no circumstances may "good cause" consist of a failure to meet a deadline due to the oversight of either a party or its representative.

(e) Waivers of timely filing or service shall be granted only when necessary in the interest of fairness to all parties, including the Federal agency. They will be granted sparingly as prompt resolution of disputes is a major goal of these regulations. The responsible HHS official or the Departmental Appeals Board shall have the right, on own motion or on motion of a party, to require such documentation as deemed necessary in support of a request for a waiver.

(f) A request for an informal meeting by a delegate agency, including a prospective delegate agency, may be denied by the responsible HHS official, on motion of the grantee or on his or her own motion, if the official concludes that the written appeal fails to state plausible grounds for reversing the grantee's decision or the grantee's failure to act on an application.

(g) The requirements of this section may not be waived.

Subpart B — Appeals by Grantees

1303.10 Purpose.

(a) This subpart establishes rules and procedures for the suspension of a grantee, denial of a grantee's application for refunding, or termination of assistance under the Act for circumstances related to the particular grant, such as ineffective or improper use of Federal funds or for failure to comply with applicable laws, regulations, policies, instructions, assurances, terms and conditions or, in accordance with part 1302 of this chapter, upon loss by the grantee of legal status or financial viability.

(b) This subpart does not apply to any administrative action based upon any violation, or alleged violation, of title VI of the Civil Rights Act of 1964.

1303.11 Suspension on notice and opportunity to show cause.

(a) After receiving concurrence from the Commissioner, ACYF, the responsible HHS official may suspend financial assistance to a grantee in whole or in part for breach or threatened breach of any requirement stated in Sec. 1303.10 pursuant to notice and opportunity to show cause why assistance should not be suspended.

(b) The responsible HHS official will notify the grantee as required by Sec. 1303.5 or by telegram that ACYF intends to suspend financial assistance, in whole or in part, unless good cause is shown why such action should not be taken. The notice will include:

(1) The grounds for the proposed suspension;

(2) The effective date of the proposed suspension;

(3) Information that the grantee has the opportunity to submit written material in opposition to the intended suspension and to meet informally with the responsible HHS official regarding the intended suspension;

(4) Information that the written material must be submitted to the responsible HHS official at least seven days prior to the effective date of the proposed suspension and that a request for an informal meeting must be made in writing to the responsible HHS official no later than seven days after the day the notice of intention to suspend was mailed to the grantee;

(5) Invitation to correct the deficiency by voluntary action; and

(6) A copy of this subpart.

(c) If the grantee requests an informal meeting, the responsible HHS official will fix a time and place for the meeting. In no event will such meeting be scheduled less than seven days after the notice of intention to suspend was sent to the grantee.

(d) The responsible HHS official may at his or her discretion extend the period of time or date for making requests or submitting material by the grantee and will notify the grantee of any such extension.

(e) At the time the responsible HHS official sends the notice of intention to suspend financial assistance to the grantee, the official will send a copy of it to any delegate agency whose activities or failures to act are a substantial cause of the proposed suspension, and will inform such delegate agency that it is entitled to submit written material in opposition and to participate in the informal meeting with the responsible HHS official if one is held. In addition, the responsible HHS official may give such notice to any other Head Start delegate agency of the grantee.

(f) Within three days of receipt of the notice of intention to suspend financial assistance, the grantee shall send a copy of such notice and a copy of this subpart to all delegate agencies which would be financially affected by the proposed suspension action. Any delegate agency that wishes to submit written material may do so within the time stated in the notice. Any delegate agency that wishes to participate in the informal meeting regarding the intended suspension, if not otherwise afforded a right to participate, may request permission to do so from the responsible HHS official, who may grant or deny such permission. In acting upon any such request from a delegate agency, the responsible HHS official will take into account the effect of the proposed suspension on the particular delegate agency, the extent to which the meeting would become unduly complicated as a result of granting such permission, and the extent to which the interests of the delegate agency requesting such permission appear to be adequately represented by other participants.

(g) The responsible HHS official will consider any timely material presented in writing, any material presented during the course of the informal meeting as well as any showing that the grantee has adequately corrected the deficiency which led to the suspension proceedings. The decision of the responsible HHS official will be made within five days after the conclusion of the informal meeting, or, if no informal meeting is held, within five days of receipt by the responsible HHS official of written material from all concerned parties. If the responsible HHS official concludes that the grantee has failed to show cause why financial assistance should not be suspended, the official may suspend financial assistance in whole or in part and under such terms and conditions as he or she specifies.

(h) Notice of such suspension will be promptly transmitted to the grantee as required in Sec. 1303.5 of this part or by some other means showing the date of receipt, and shall become effective upon delivery or on the date delivery is refused or the material is returned. Suspension shall not exceed 30 days unless the responsible HHS official and the grantee agree to a continuation of the suspension for an additional period of time. If termination proceedings are initiated in accordance with Sec. 1303.14, the suspension of financial assistance will be rescinded.

(i) New obligations incurred by the grantee during the suspension period will be not be allowed unless the granting agency expressly authorizes them in the notice of suspension or an amendment to it. Necessary and otherwise allowable costs which the grantee could not reasonably avoid during the suspension period will be allowed if they result from obligations properly incurred by the grantee before the effective date of the suspension and not in anticipation of suspension or termination. At the discretion of the granting agency, third-party in-kind contributions applicable to the suspension period may be allowed in satisfaction of cost sharing or matching requirements.

(j) The responsible HHS official may appoint an agency to serve as an interim grantee to operate the program until the grantee's suspension is lifted.

(k) The responsible HHS official may modify the terms, conditions and nature of the suspension or rescind the suspension action at any time on his or her own initiative or upon a satisfactory showing that the grantee has adequately corrected the deficiency which led to the suspension and that repetition is not threatened. Suspension partly or fully rescinded may, at the discretion of the responsible HHS official, be re-imposed with or without further proceedings, except that the total time of suspension may not exceed 30 days unless termination proceedings are initiated in accordance with Sec. 1303.14 or unless the responsible HHS official and the grantee agree to continuation of the suspension for an additional period of time. If termination proceedings are initiated, the suspension of financial assistance will be rescinded.

1303.12 Summary suspension and opportunity to show cause.

(a) After receiving concurrence from the Commissioner, ACYF, the responsible HHS official may suspend financial assistance in whole or in part without prior notice and an opportunity to show cause if it is determined that immediate suspension is necessary because of a serious risk of:

(1) Substantial injury to property or loss of project funds, or

(2) Violation of a Federal, State, or local criminal statute; or

(3) If staff or participants' health and safety are at risk.

(b) The notice of summary suspension will be given to the grantee as required by Sec. 1303.5 of this part, or by some other means showing the date of receipt, and shall become effective on delivery or on the date delivery is refused or the material is returned unclaimed.

(c) The notice must include the following items.

(1) The effective date of the suspension;

(2) The grounds for the suspension;

(3) The extent of the terms and conditions of any full or partial suspension;

(4) A statement prohibiting the grantee from making any new expenditures or incurring any new obligations in connection with the suspended portion of the program; and

(5) A statement advising the grantee that it has an opportunity to show cause at an informal meeting why the suspension should be rescinded. The request for an informal meeting must be made by the grantee in writing to the responsible HHS official no later than five workdays after the effective date of the notice of summary suspension as described in paragraph (b) of this section.

(d) If the grantee requests in writing the opportunity to show cause why the suspension should be rescinded, the responsible HHS official will fix a time and place for an informal meeting for this purpose. This meeting will be held within five workdays after the grantee's request is received by the responsible HHS official. Notwithstanding the provisions of this paragraph, the responsible HHS official may proceed to deny refunding or initiate termination proceedings at any time even though financial assistance of the grantee has been suspended in whole or in part.

(e) Notice of summary suspension must also be furnished by the grantee to its delegate agencies within two workdays of its receipt of the notice from ACYF by certified mail, return receipt requested, or by any other means showing dates of transmittal and receipt or return as undeliverable or unclaimed. Delegate agencies affected by the summary suspension have the right to participate in the informal meeting as set forth in paragraph (d) of this section.

(f) The effective period of a summary suspension of financial assistance may not exceed 30 days unless:

(1) The conditions creating the summary suspension have not been corrected; or

(2) The parties agree to a continuation of the summary suspension for an additional period of time; or

(3) The grantee, in accordance with paragraph (d) of this section, requests an opportunity to show cause why the summary suspension should be rescinded, in which case it may remain in effect in accordance with paragraph (h) of this section; or

(4) Termination or denial of refunding proceedings are initiated in accordance with Sec. 1303.14 or Sec. 1303.15.

(g) Any summary suspension that remains in effect for more than 30 days is subject to the requirements of Sec. 1303.13 of this part. The only exceptions are where there is an agreement under paragraph (f)(2) of this section, or the circumstances described in paragraph (f)(4) or (h)(1) of this section exist.

(h)(1) If the grantee requests an opportunity to show cause why a summary suspension should be rescinded, the suspension of financial assistance will continue in effect until the grantee has been afforded such opportunity and a decision has been made by the responsible HHS official.

(2) If the suspension continues for more than 30 days, the suspension remains in effect even if it is appealed to the Departmental Appeals Board.

(3) Notwithstanding any other provisions of these or other regulations, if a denial of refunding occurs or a termination action is instituted while the summary suspension is in effect, the suspension shall merge into the later action and funding shall not be available until the action is rescinded or a decision favorable to the grantee is rendered.

(i) The responsible HHS official must consider any timely material presented in writing, any material presented during the course of the informal meeting, as well as any other evidence that the grantee has adequately corrected the deficiency which led to the summary suspension.

(j) A decision must be made within five work days after the conclusion of the informal meeting with the responsible HHS official. If the responsible HHS official concludes, after considering the information provided at the informal meeting, that the grantee has failed to show cause why the suspension should be rescinded, the responsible HHS official may continue the suspension, in whole or in part and under the terms and conditions specified in the notice of suspension.

(k) New obligations incurred by the grantee during the suspension period will not be allowed unless the granting agency expressly authorizes them in the notice of suspension or by an amendment to the notice. Necessary and otherwise allowable costs which the grantee could not reasonably avoid during the suspension period will be allowed if they result from obligations properly incurred by the grantee before the effective date of the suspension and not in anticipation of suspension, denial of refunding or termination.

(l) The responsible HHS official may appoint an agency to serve as an interim grantee to operate the program until either the grantee's summary suspension is lifted or a new grantee is selected in accordance with subpart B of this part.

(m) At the discretion of the funding agency, third-party in-kind contributions applicable to the suspension period may be allowed in satisfaction of cost sharing or matching requirements.

(n) The responsible HHS official may modify the terms, conditions and nature of the summary suspension or rescind the suspension action at any time upon receiving satisfactory evidence that the grantee has adequately corrected the deficiency which led to the suspension and that the deficiency will not occur again. Suspension partly or fully rescinded may, at the discretion of the responsible HHS official, be re-imposed with or without further proceedings.

1303.13 Appeal by a grantee of a suspension continuing for more than 30 days.

(a) This section applies to summary suspensions that are initially issued for more than 30 days and summary suspensions continued for more than 30 days except those identified in paragraph Sec. 1303.12(g) of this part.

(b) After receiving concurrence from the Commissioner, ACYF, the responsible HHS official may suspend a grant for more than 30 days. A suspension may, among other bases, be imposed for the same reasons that justify termination of financial assistance or which justify a denial of refunding of a grant.

(c) A notice of a suspension under this section shall set forth:

(1) The reasons for the action;

(2) The duration of the suspension, which may be indefinite;

(3) The fact that the action may be appealed to the Departmental Appeals Board and the time within which it must be appealed.

(d) During the period of suspension a grantee may not incur any valid obligations against Federal Head Start grant funds, nor may any grantee expenditure or provision of in-kind services or items of value made during the period be counted as applying toward any required matching contribution required of a grantee, except as otherwise provided in this part.

(e) The responsible HHS official may appoint an agency to serve as an interim grantee to operate the program until either the grantee's suspension is lifted or a new grantee is selected in accordance with subparts B and C of 45 CFR part 1302.

(f) Any appeal to the Departmental Appeals Board must be made within five days of the grantee's receipt of notice of suspension or return of the notice as undeliverable, refused, or unclaimed. Such an appeal must be in writing and it must fully set forth the grounds for the appeal and be accompanied by all documentation that the grantee believes is relevant and supportive of its position.

All such appeals shall be addressed to the Departmental Appeals Board, and the appellant will send a copy of the appeal to the Commissioner, ACYF, and the responsible HHS official. Appeals will be governed by the Departmental Appeals Board's regulations at 45 CFR part 16, except as otherwise provided in the Head Start appeals regulations. Any grantee requesting a hearing as part of its appeal shall be afforded one by the Departmental Appeals Board.

(g) If a grantee is successful on its appeal any costs incurred during the period of suspension that are otherwise allowable may be paid with Federal grant funds. Moreover, any cash or in-kind contributions of the grantee during the suspension period that are otherwise allowable may be counted toward meeting the grantee's non-Federal share requirement.

(h) If a grantee's appeal is denied by the Departmental Appeals Board, but the grantee is subsequently restored to the program because it has corrected those conditions which warranted the suspension, its activities during the period of the suspension remain outside the scope of the program.

Federal funds may not be used to offset any costs during the period, nor may any cash or in-kind contributions received during the period be used to meet non-Federal share requirements.

(i) If the Federal agency institutes termination proceedings during a suspension, or denies refunding, the two actions shall merge and the grantee need not file a new appeal. Rather, the Departmental Appeals Board will be notified by the Federal agency and will automatically be vested with jurisdiction over the termination action or the denial of refunding and will, pursuant to its rules and procedures, permit the grantee to respond to the notice of termination. In a situation where a suspension action is merged into a termination action in accordance with this section, the suspension continues until there is an administrative decision by the Departmental Appeals Board on the grantee's appeal.

1303.14 Appeal by a grantee from a termination of financial assistance.

(a) After receiving concurrence from the Commissioner, ACYF, the responsible HHS official may terminate financial assistance to a grantee. Financial assistance may be terminated in whole or in part.

(b) Financial assistance may be terminated for any or all of the following reasons:

(1) The grantee is no longer financially viable;

(2) The grantee has lost the requisite legal status or permits;

(3) The grantee has failed to comply with the required fiscal or program reporting requirements applicable to grantees in the Head Start program;

(4) The grantee has failed to timely correct one or more deficiencies as defined in 45 CFR Part 1304;

(5) The grantee has failed to comply with the eligibility requirements and limitations on enrollment in the Head Start program, or both;

(6) The grantee has failed to comply with the Head Start grants administration requirements set forth in 45 CFR part 1301;

(7) The grantee has failed to comply with the requirements of the Head Start Act;

(8) The grantee is debarred from receiving Federal grants or contracts;

(9) The grantee fails to abide by any other terms and conditions of its award of financial assistance, or any other applicable laws, regulations, or other applicable Federal or State requirements or policies.

(c) A notice of termination shall set forth:

(1) The legal basis for the termination under paragraph (b) of this section, the factual findings on which the termination is based or reference to specific findings in another document that form the basis for the termination (such as reference to item numbers in an onsite review report or instrument), and citation to any statutory provisions, regulations, or policy issuances on which ACF is relying for its determination.

(2) The fact that the termination may be appealed within 30 days to the Departmental Appeals Board (with a copy of the appeal sent to the responsible HHS official and the Commissioner, ACYF) and that such appeal shall be governed by 45 CFR part 16, except as otherwise provided in the Head Start appeals regulations, and that any grantee that requests a hearing shall be afforded one, as mandated by 42. U.S.C. 9841.

(3) That the appeal may be made only by the Board of Directors of the grantee or an official acting on behalf of such Board.

(4) That, if the activities of a delegate agency are the basis, in whole or in part, for the proposed termination, the identity of the delegate agency.

(5) That the grantee's appeal must meet the requirements set forth in paragraph (d) of this section.

(6) That a failure by the responsible HHS official to meet the requirements of this paragraph may result in the dismissal of the termination action without prejudice, or the remand of that action for the purpose of reissuing it with the necessary corrections.

(d) A grantee's appeal must:

(1) Be in writing;

(2) Specifically identify what factual findings are disputed;

(3) Identify any legal issues raised, including relevant citations;

(4) Include an original and two copies of each document the grantee believes is relevant and supportive of its position (unless the grantee has obtained permission from the Departmental Appeals Board to submit fewer copies);

(5) Include any request for specifically identified documents the grantee wishes to obtain from ACF and a statement of the relevance of the requested documents, and a statement that the grantee has attempted informally to obtain the documents from ACF and was unable to do so;

(6) Grantees may submit additional documents within 14 days of receipt of the documentation submitted by ACF in response to the grantee's appeal and initial submittals. The ACF response to the appeal and initial submittals of the grantee shall be **filed** no later than 30 days after ACF's receipt of the material. In response to such a submittal, ACF may submit additional documents should it have any, or request discovery in connection with the new documents, or both, but must do so within 10 days of receipt of the additional filings;

(7) Include a statement on whether the grantee is requesting a hearing; and

(8) Be **filed** with the Departmental Appeals Board and be served on the responsible HHS official who issued the termination notice and on the Commissioner of ACYF. The grantee must also serve a copy of the appeal on any delegate agency that would be financially affected at the time the grantee files its appeal.

(e) The Departmental Appeals Board sanctions with respect to a grantee's failure to comply with the provisions of paragraph (d) of this section are as follows:

(1) If in the judgment of the Departmental Appeals Board a grantee has failed to substantially comply with the provisions of the preceding paragraphs of this section, its appeal must be dismissed with prejudice.

(2) If the Departmental Appeals Board concludes that the grantee's failures are not substantial, but are confined to one or a few specific instances, it shall bar the submittal of an omitted document, or preclude the raising of an argument or objection not timely raised in the appeal, or deny a request for a document or other ``discovery" request not timely made.

(3) The sanctions set forth in paragraphs (e)(1) and (2) of this section shall not apply if the Departmental Appeals Board determines that the grantee has shown good cause for its failure to comply with the relevant requirements. Delays in obtaining representation shall not constitute good cause. Matters within the control of its agents and attorneys shall be deemed to be within the control of the grantee.

(f) (1) During a grantee's appeal of a termination decision, funding will continue until an adverse decision is rendered or until expiration of the then current budget period. At the end of the current budget period, if a decision has not been rendered, the responsible HHS official shall award an interim grant to the grantee until a decision is made.

(2) If a grantee's funding has been suspended, no funding shall be available during the termination proceedings, or at any other time, unless the action is rescinded or the grantee's appeal is successful. An interim grantee will be appointed during the appeal period.

(3) If a grantee does not appeal an administrative decision to court within 30 days of its receipt of the decision, a replacement grantee will be immediately sought. An interim grantee may be named, if needed, pending the selection of a replacement grantee.

(4) An interim grantee may be sought even though the grantee has appealed an administrative decision to court within 30 days, if the responsible HHS official determines it necessary to do so. Examples of circumstances that warrant an interim grantee are to protect children and families from harm and Federal funds from misuse or dissipation or both.

(g) If the Departmental Appeals Board informs a grantee that a proposed termination action has been set down for hearing, the grantee shall, within five days of its receipt of this notice, send a copy of it to all delegate agencies which would be financially affected by the termination and to each delegate agency identified in the notice. The grantee shall send the Departmental Appeals Board and the responsible HHS official a list of all delegate agencies notified and the dates of notification.

(h) If the responsible HHS official initiated termination proceedings because of the activities of a delegate agency, that delegate agency may participate in the hearing as a matter of right. Any other delegate agency, person, agency or organization that wishes to participate in the hearing may request permission to do so from the Departmental Appeals Board. Any request for participation, including a request by a delegate agency, must be **filed** within 30 days of the grantee's appeal.

(i) The results of the proceeding and any measure taken thereafter by ACYF pursuant to this part shall be fully binding upon the grantee and all its delegate agencies, whether or not they actually participated in the hearing.

(j) A grantee may waive a hearing and submit written information and argument for the record. Such material shall be submitted within a reasonable period of time to be fixed by the Departmental Appeals Board upon the request of the grantee. The failure of a grantee to request a hearing, or to appear at a hearing for which a date had been set, unless excused for good cause, shall be deemed a waiver of the right to a hearing and consent to the making of a decision on the basis of written information and argument submitted by the parties to the Departmental Appeals Board.

(k) The responsible HHS official may attempt, either personally or through a representative, to resolve the issues in dispute by informal means prior to the hearing.

1303.15 Appeal by a grantee from a denial of refunding.

(a) After receiving concurrence from the Commissioner, ACYF, a grantee's application for refunding may be denied by the responsible HHS official for circumstances described in paragraph (c) of this section.

(b) When an intention to deny a grantee's application for refunding is arrived at on a basis to which this subpart applies, the responsible HHS official will provide the grantee as much advance notice thereof as is reasonably possible, in no event later than 30 days after the receipt by ACYF of the application. The notice will inform the grantee that it has the opportunity for a full and fair hearing on whether refunding should be denied.

(1) Such appeals shall be governed by 45 CFR Part 16, except as otherwise provided in the Head Start appeals regulations. Any grantee which requests a hearing shall be afforded one, as mandated by 42 U.S.C. 9841.

(2) Any such appeals must be **filed** within 30 days after the grantee receives notice of the decision to deny refunding.

(c) Refunding of a grant may be denied for any or all of the reasons for which a grant may be terminated, as set forth in Sec. 1303.14(b) of this part.

(d) Decisions to deny refunding shall be in writing, signed by the responsible HHS official, dated, and sent in compliance with Sec. 1303.5 of this part or by telegram, or by any other mode establishing the date sent and received by the addressee, or the date it was determined delivery could not be made, or the date delivery was refused. A Notice of Decision shall contain:

(1) The legal basis for the denial of refunding under paragraph (c) of this section, the factual findings on which the denial of refunding is based or references to specific findings in another document that form the basis for the denial of refunding (such as reference to item numbers in an on-site review report or instrument), and citation to any statutory provisions, regulations or policy issuances on which ACF is relying for its determination.

(2) The identity of the delegate agency, if the activities of that delegate agency are the basis, in whole or in part, for the proposed denial of refunding; and

(3) If the responsible HHS official has initiated denial of refunding proceedings because of the activities of a delegate agency, the delegate agency may participate in the hearing as a matter of right. Any other delegate agency, person, agency or organization that wishes to participate in the hearing may request permission to do so from the Departmental Appeals Board. Any request for participation, including a request by a delegate agency, must be **filed** within 30 days of the grantee's appeal.

(4) A statement that failure of the notice of denial of refunding to meet the requirements of this paragraph may result in the dismissal of the denial of refunding action without prejudice, or the remand of that action for the purpose of reissuing it with the necessary corrections.

(e) The appeal may be made only by the Board of Directors of the grantee or by an official acting on behalf of such Board.

(f) If the responsible HHS official has initiated denial of refunding proceedings because of the activities of a delegate agency, that delegate agency may participate in the hearing as a matter of right. Any other delegate agency, person, agency or organization that wishes to participate in the hearing may request permission to do so from the Departmental Appeals Board. Any request for participation, including a request by a delegate agency, must be **filed** within 30 days of the grantee's appeal.

(g) Paragraphs (i), (j), and (k) of 45 CFR 1303.14 shall apply to appeals of denials of refunding.

(h) The Departmental Appeals Board sanctions with respect to a grantee's appeal of denial of refunding are as follows:

(1) If in the judgment of the Departmental Appeals Board a grantee has failed to substantially comply with the provisions of the preceding paragraphs of this section, its appeal must be dismissed with prejudice.

(2) If the Departmental Appeals Board concludes that the grantee's failure to comply is not substantial, but is confined to one or a few specific instances, it shall bar the submittal of an omitted document, or preclude the raising of an argument or objection not timely raised in the appeal, or deny a request for a document or other ``discovery" request not timely made.

(3) The sanctions set forth in paragraphs (h)(1) and (2) of this section shall not apply if the Departmental Appeals Board determines that a grantee has shown good cause for its failure to comply with the relevant requirements. Delays in obtaining representation shall not constitute good cause. Matters within the control of its agents and attorneys shall be deemed to be within the control of the grantee.

1303.16 Conduct of hearing.

(a) The presiding officer shall conduct a full and fair hearing, avoid delay, maintain order, and make a sufficient record of the facts and issues. To accomplish these ends, the presiding officer shall have all powers authorized by law, and may make all procedural and evidentiary rulings necessary for the conduct of the hearing. The hearing shall be open to the public unless the presiding officer for good cause shown otherwise determines.

(b) Communications outside the record are prohibited as provided by 45 CFR 16.17.

(c) Both ACYF and the grantee are entitled to present their case by oral or documentary evidence, to submit rebuttal evidence and to conduct such examination and cross-examination as may be required for a full and true disclosure of all facts bearing on the issues. The issues shall be those stated in the notice required to be filed by paragraph (g) of this section, those stipulated in a pre-hearing conference or those agreed to by the parties.

(d) Prepared written direct testimony will be used in appeals under this part in lieu of oral direct testimony. When the parties submit prepared written direct testimony, witnesses must be available at the hearing for cross-examination and redirect examination. If a party can show substantial hardship in using prepared written direct testimony, the Departmental Appeals Board may exempt it from the requirement. However, such hardship must be more than difficulty in doing so, and it must be shown with respect to each witness.

(e) In addition to ACYF, the grantee, and any delegate agencies which have a right to appear, the presiding officer may permit the participation in the proceedings of such persons or organizations as deemed necessary for a proper determination of the issues involved. Such participation may be limited to those issues or activities which the presiding officer believes will meet the needs of the proceeding, and may be limited to the filing of written material.

(f) Any person or organization that wishes to participate in a proceeding may apply for permission to do so from the Departmental Appeals Board. This application must be made within 30 days of the grantee's appeal in the case of the appeal of termination or denial of refunding, and as soon as possible after the notice of suspension has been received by the grantee. It must state the applicant's interest in the proceeding, the evidence or arguments the applicant intends to contribute, and the necessity for the introduction of such evidence or arguments.

(g) The presiding officer shall permit or deny such participation and shall give notice of his or her decision to the applicant, the grantee, and ACYF, and, in the case of denial, a brief statement of the reasons therefor. Even if previously denied, the presiding officer may subsequently permit such participation if, in his or her opinion, it is warranted by subsequent circumstances. If participation is granted, the presiding officer shall notify all parties of that fact and may, in appropriate cases, include in the notification a brief statement of the issues as to which participation is permitted.

(h) The Departmental Appeals Board will send the responsible HHS official, the grantee and any other party a notice which states the time, place, nature of the hearing, and the legal authority and jurisdiction under which the hearing is to be held. The notice will also identify with reasonable specificity the ACYF requirements which the grantee is alleged to have violated. The notice will be served and filed not later than ten work days prior to the hearing.

1303.17 Time for hearing and decision.

(a) Any hearing on an appeal by a grantee from a notice of suspension, termination, or denial of refunding must be commenced no later than 120 days from the date the grantee's appeal is received by the Departmental Appeals Board. The final decision in an appeal whether or not there is a hearing must be rendered not later than 60 days after the closing of the record, i.e., 60 days after the Board receives the final authorized submission in the case.

(b) All hearings will be conducted expeditiously and without undue delay or postponement.

(c) The time periods established in paragraph(a) of this section may be extended if:

(1) The parties jointly request a stay to engage in settlement negotiations,

(2) Either party requests summary disposition; or

(3) The Departmental Appeals Board determines that the Board is unable to hold a hearing or render its decision within the specified time period for reasons beyond the control of either party or the Board.

Subpart C — Appeals by Current or Prospective Delegate Agencies

1303.20 Appeals to grantees by current or prospective delegate agencies of rejection of an application, failure to act on an application or termination of a grant or contract.

(a) A grantee must give prompt, fair and adequate consideration to applications submitted by current or prospective delegate agencies to operate Head Start programs. The failure of the grantee to act within 30 days after receiving the application is deemed to be a rejection of the application.

(b) A grantee must notify an applicant in writing within 30 days after receiving the application of its decision to either accept or to wholly or substantially reject it. If the decision is to wholly or substantially reject the application, the notice shall contain a statement of the reasons for the decision and a statement that the applicant has a right to appeal the decision within ten work days after receipt of the notice. If a grantee fails to act on the application by the end of the 30 day period which grantees have to review applications, the current or prospective delegate agency may appeal to the grantee, in writing, within 15 work days of the end of the 30 day grantee review period.

(c) A grantee must notify a delegate agency in writing of its decision to terminate its agreement with the delegate agency, explaining the reasons for its decision and that the delegate agency has the right to appeal the decision to the grantee within ten work days after receipt of the notice.

(d) The grantee has 20 days to review the written appeal and issue its decision. If the grantee sustains its earlier termination of an award or its rejection of an application, the current or prospective delegate agency then may appeal, in writing, to the responsible HHS official. The appeal must be submitted to the responsible HHS official within ten work days after the receipt of the grantee's final decision. The appeal must fully set forth the grounds for the appeal.

(e) A grantee may not reject the application or terminate the operations of a delegate agency on the basis of defects or deficiencies in the application or in the operation of the program without first:

(1) Notifying the delegate agency of the defects and deficiencies;

(2) Providing, or providing for, technical assistance so that defects and deficiencies can be corrected by the delegate agency; and

(3) Giving the delegate agency the opportunity to make appropriate corrections.

(f) An appeal filed pursuant to a grantee failing to act on a current or prospective delegate agency's application within a 30 day period need only contain a copy of the application, the date filed, and any proof of the date the grantee received the application. The grantee shall have five days in which to respond to the appeal.

(g) Failure to appeal to the grantee regarding its decision to reject an application, terminate an agreement, or failure to act on an application shall bar any appeal to the responsible HHS official.

1303.21 Procedures for appeal by current or prospective delegate agencies to the responsible HHS official from denials by grantees of an application or failure to act on an application.

(a) Any current or prospective delegate agency that is dissatisfied with the decision of a grantee rendered under Sec. 1303.20 may appeal to the responsible HHS official whose decision is final and not appealable to the Commissioner, ACYF. Such an appeal must be in writing and it must fully set forth the grounds for the appeal and be accompanied by all documentation that the current or prospective delegate agency believes is relevant and supportive of its position, including all written material or documentation submitted to the grantee under the procedures set forth in Sec. 1303.20, as well as a copy of any decision rendered by the grantee. A copy of the appeal and all material filed with the responsible HHS official must be simultaneously served on the grantee.

(b) In providing the information required by paragraph (a) of this section, delegate agencies must set forth:

(1) Whether, when and how the grantee advised the delegate agency of alleged defects and deficiencies in the delegate agency's application or in the operation of its program prior to the grantee's rejection or termination notice;

(2) Whether the grantee provided the delegate agency reasonable opportunity to correct the defects and deficiencies, the details of the opportunity that was given and whether or not the grantee provided or provided for technical advice, consultation, or assistance to the current delegate agency concerning the correction of the defects and deficiencies;

(3) What steps or measures, if any, were undertaken by the delegate agency to correct any defects or deficiencies;

(4) When and how the grantee notified the delegate agency of its decision;

(5) Whether the grantee told the delegate agency the reasons for its decision and, if so, how such reasons were communicated to the delegate agency and what they were;

(6) If it is the delegate agency's position that the grantee acted arbitrarily or capriciously,

the reasons why the delegate agency takes this position; and

(7) Any other facts and circumstances which the delegate agency believes supports its appeal.

(c) The grantee may submit a written response to the appeal of a prospective delegate agency. It may also submit additional information which it believes is relevant and supportive of its position.

(d) In the case of an appeal by a delegate agency, the grantee must submit a written statement to the responsible HHS official responding to the items specified in paragraph (b) of this section. The grantee must include information that explains why it acted properly in arriving at its decision or in failing to act, and any other facts and circumstances which the grantee believes supports its position.

(e)(1) The responsible HHS official may meet informally with the current or prospective delegate agency if such official determines that such a meeting would be beneficial to the proper resolution of the appeal. Such meetings may be conducted by conference call.

(2) An informal meeting must be requested by the current or prospective delegate agency at the time of the appeal. In addition, the grantee may request an informal meeting with the responsible HHS official. If none of the parties requests an informal meeting, the responsible HHS official may hold such a meeting if he or she believes it would be beneficial for a proper resolution of the dispute. Both the grantee and the current or prospective delegate agency may attend any informal meeting concerning the appeal. If a party wishes to oppose a request for a meeting it must serve its opposition on the responsible HHS official and any other party within five work days of its receipt of the request.

(f) A grantee's response to appeals by current or prospective delegate agencies must be submitted to the responsible HHS official within ten work days of receipt of the materials served on it by the current or prospective delegate agency in accordance with paragraph (a) of this section. The grantee must serve a copy of its response on the current or prospective delegate agency.

(g) The responsible HHS official shall notify the current or prospective delegate agency and the grantee whether or not an informal meeting will be held. If an informal meeting is held, it must be held within ten work days after the notice by the responsible HHS official is mailed. The responsible HHS official must designate either the Regional Office or the place where the current or prospective delegate agency or grantee is located for holding the informal meeting.

(h) If an informal meeting is not held, each party shall have an opportunity to reply in writing to the written statement submitted by the other party. The written reply must be submitted to the responsible HHS official within five work days after the notification required by paragraph (g) of this section. If a meeting is not to be held, notice of that fact shall be served on the parties within five work days of the receipt of a timely response to such a request or the expiration of the time for submitting a response to such a request.

(i) In deciding an appeal under this section, the responsible HHS official will arrive at his or her decision by considering:

(1) The material submitted in writing and the information presented at any informal meeting;

(2) The application of the current or prospective delegate agency;

(3) His or her knowledge of the grantee's program as well as any evaluations of his or her staff about the grantee's program and current or prospective delegate agency's application and prior performance; and

(4) Any other evidence deemed relevant by the responsible HHS official.

1303.22 Decision on appeal in favor of grantee.

(a) If the responsible HHS official finds in favor of the grantee, the appeal will be dismissed unless there is cause to remand the matter back to the grantee.

(b) The grantee's decision will be sustained unless it is determined by the responsible HHS official that the grantee acted arbitrarily, capriciously, or otherwise contrary to law, regulation, or other applicable requirements.

(c) The decision will be made within ten workdays after the informal meeting. The decision, including a statement of the reasons therefor, will be in writing, and will be served on the parties within five workdays from the date of the decision by the responsible HHS official.

(d) If the decision is made on the basis of written materials only, the decision will be made within five workdays of the receipt of the materials. The decision will be served on the parties no more than five days after it is made.

1303.23 Decision on appeal in favor of the current or prospective delegate agency.

(a) The responsible HHS official will remand the rejection of an application or termination of an agreement to the grantee for prompt reconsideration and decision if the responsible HHS official's decision does not sustain the grantee's decision, and if there are issues which require further development before a final decision can be made. The grantee's reconsideration and decision must be made in accordance with all applicable requirements of this part as well as other relevant regulations, statutory provisions, and program issuances. The grantee must issue its decision on remand in writing to both the current or prospective delegate agency and the responsible HHS official within 15 workdays after the date of receipt of the remand.

(b) If the current or prospective delegate agency is dissatisfied with the grantee's decision on remand, it may appeal to the responsible HHS official within five workdays of its receipt of that decision. Any such appeal must comply with the requirements of Sec. 1303.21 of this part.

(c) If the responsible HHS official finds that the grantee's decision on remand is incorrect or if the grantee fails to issue its decision within 15 work days, the responsible HHS official will entertain an application by the current or prospective delegate agency for a direct grant.

(1) If such an application is approved, there will be a commensurate reduction in the level of funding of the grantee and whatever other action is deemed appropriate in the circumstances. Such reduction in funding shall not be considered a termination or denial of refunding and may not be appealed under this part.

(2) If such an application is not approved, the responsible HHS official will take whatever action he or she deems appropriate under the circumstances.

(d) If, without fault on the part of a delegate agency, its operating funds are exhausted before its appeal has been decided, the grantee will furnish sufficient funds for the maintenance of the delegate agency's current level of operations until a final administrative decision has been reached.

(e) If the responsible HHS official sustains the decision of the grantee following remand, he or she shall notify the parties of the fact within 15 work days of the receipt of final submittal of documents, or of the conclusion of any meeting between the official and the parties, whichever is later.

1303.24 OMB control number.

The collection of information requirements in sections 1303.10 through 1303.23 of this part were approved on January 22, 1993, by the Office of Management and Budget and assigned OMB control number 0980-0242.

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PART 1304 — PROGRAM PERFORMANCE STANDARDS FOR OPERATION OF HEAD START PROGRAMS BY GRANTEES AND DELEGATE AGENCIES

Subpart A — General

1304.1 Purpose and scope.

This part describes regulations implementing sections 641A, 644(a) and (c), and 645A(h) of the Head Start Act, as amended (42 U.S.C. 9801 *et seq.*). Section 641A, paragraph (a)(3)(C) directs the Secretary of Health and Human Services to review and revise, as necessary, the Head Start Program Performance Standards in effect under prior law. This paragraph further provides that any revisions should not result in an elimination or reduction of requirements regarding the scope or types of Head Start services to a level below that of the requirements in effect on November 2, 1978. Section 641A(a) directs the Secretary to issue regulations establishing performance standards and minimum requirements with respect to health, education, parent involvement, nutrition, social, transition, and other Head Start services as well as administrative and financial management, facilities, and other appropriate program areas. Sections 644(a) and (c) require the issuance of regulations setting standards for the organization, management, and administration of Head Start programs. Section 645A(h) requires that the Secretary develop and publish performance standards for the newly authorized program for low-income pregnant women and families with infants and toddlers, entitled "Early Head Start." The following regulations respond to these provisions in the Head Start Act, as amended, for new or revised Head Start Program Performance Standards. These new regulations define standards and minimum requirements for the entire range of Early Head Start and Head Start services, including those specified in the authorizing legislation. They are applicable to both Head Start and Early Head Start programs, with the exceptions noted, and are to be used in conjunction with the regulations at 45 CFR parts 1301, 1302, 1303, 1305, 1306, and 1308.

1304.2 Effective dates.

Early Head Start and Head Start grantee and delegate agencies must comply with these requirements on January 1, 1998. Nothing in this part prohibits grantee or delegate agencies from voluntarily complying with these regulations prior to the effective date.

1304.3 Definitions.

(a) As used in this part:

(1) ***Assessment*** means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

(2) ***Children with disabilities*** means, for children ages 3 to 5, those with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness,

serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and who, by reason thereof, need special education and related services. The term "children with disabilities" for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services. Infants and toddlers with disabilities are those from birth to three years, as identified under the Part C Program (Individuals with Disabilities Education Act) in their State.

(3) ***Collaboration and collaborative relationships***:

(i) With other agencies, means planning and working with them in order to improve, share and augment services, staff, information and funds; and

(ii) With parents, means working in partnership with them.

(4) ***Contagious*** means capable of being transmitted from one person to another.

(5) ***Curriculum*** means a written plan that includes:

(i) The goals for children's development and learning;

(ii) The experiences through which they will achieve these goals;

(iii) What staff and parents do to help children achieve these goals; and

(iv) The materials needed to support the implementation of the curriculum.

The curriculum is consistent with the Head Start Program Performance Standards and is based on sound child development principles about how children grow and learn.

(6) ***Deficiency*** means:

(i) An area or areas of performance in which an Early Head Start or Head Start grantee agency is not in compliance with State or Federal requirements, including but not limited to, the Head Start Act or one or more of the regulations under parts 1301, 1304, 1305, 1306 or 1308 of this title, and which involves:

(A) A threat to the health, safety, or civil rights of children or staff;

(B) A denial to parents of the exercise of their full roles and responsibilities related to program governance;

(C) A failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management; or

(D) The misuse of Head Start grant funds.

(ii) The loss of legal status or financial viability, as defined in part 1302 of this title, loss of permits, debarment from receiving Federal grants or contracts or the improper use of Federal funds; or

(iii) Any other violation of Federal or State requirements including, but not limited to, the Head Start Act or one or more of the regulations under parts 1301, 1304, 1305, 1306 or 1308 of this title, and which the grantee has shown an unwillingness or inability to correct within the period specified by the responsible HHS official, of which the responsible HHS official has given the grantee written notice of pursuant to section 1304.61.

(7) ***Developmentally appropriate*** means any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental levels and cultural backgrounds of individual children.

(8) ***Early Head Start*** program means a program that provides low-income pregnant women and families with children from birth to age 3 with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.

(9) ***Family*** means for the purposes of the regulations in this part all persons:

(i) Living in the same household who are:

(A) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program; or

(B) Related to the child by blood, marriage, or adoption; or

(ii) Related to the child enrolling or participating in the program as parents or siblings, by blood, marriage, or adoption.

(10) ***Guardian*** means a person legally responsible for a child.

(11) ***Health*** means medical, dental, and mental well-being.

(12) ***Home visitor*** means the staff member in the home-based program option assigned to work with parents to provide comprehensive services to children and their families through home visits and group socialization activities.

(13) ***Individualized Family Service Plan (IFSP)*** means a written plan for providing early intervention services to a child eligible under Part C of the Individuals with Disabilities Act (IDEA). (See 34 CFR 303.340-303.346 for regulations concerning IFSP's.)

(14) ***Minimum requirements*** means that each Early Head Start and Head Start grantee must demonstrate a level of compliance with Federal and State requirements such that no deficiency, as defined in this part, exists in its program.

(15) ***Policy group*** means the formal group of parents and community representatives required to be established by the agency to assist in decisions about the planning and operation of the program.

(16) ***Program attendance*** means the actual presence and participation in the program of a child enrolled in an Early Head Start or Head Start program.

(17) ***Referral*** means directing an Early Head Start or Head Start child or family member(s) to an appropriate source or resource for help, treatment or information.

(18) ***Staff*** means paid adults who have responsibilities related to children and their families who are enrolled in Early Head Start or Head Start programs.

(19) ***Teacher*** means an adult who has direct responsibility for the care and development of children from birth to 5 years of age.

(20) ***Volunteer*** means an unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person in areas such as health, education, transportation, nutrition, and management.

(b) In addition to the definitions in this section, the definitions as set forth in 45 CFR 1301.2, 1302.2, 1303.2, 1305.2, 1306.3, and 1308.3 also apply, as used in this part.

1304.20

Child Health and Developmental Services

(a) Determining Child Health Status

(b) Screening for Developmental, Sensory, and Behavioral Concerns

(c) Extended Follow-up and Treatment

(d) Ongoing Care

(e) Involving Parents

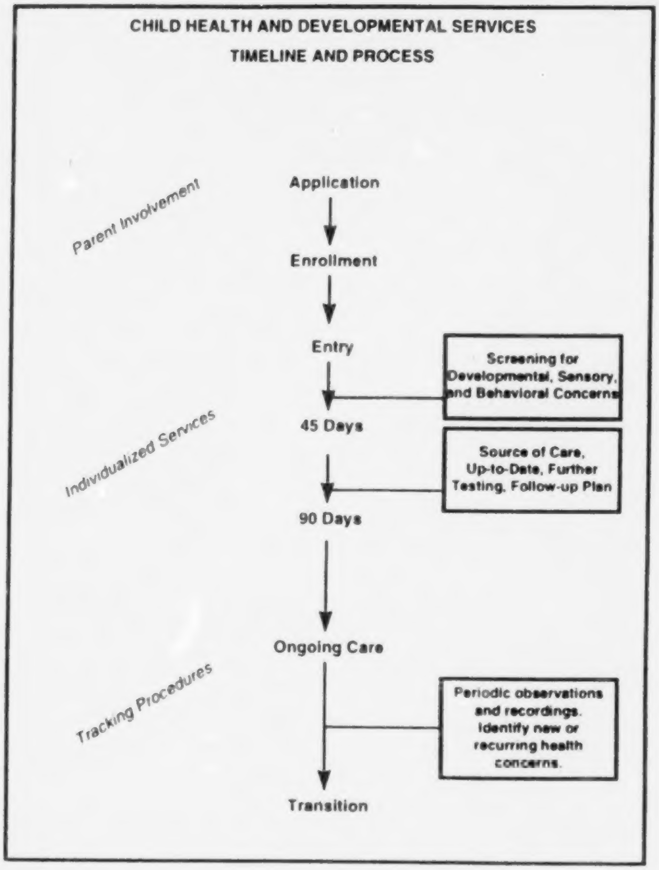
(f) Individualization of the Program

SUBPART B — EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

INTRODUCTION TO 1304.20

Head Start's commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of 45 CFR 1304.20 is to ensure that, through collaboration among families, staff, and health professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs.

The standards in this section address the initial determination of a child's health status and developmental needs, and discuss ongoing services provided in collaboration with parents and professional service providers.



CHILD HEALTH AND DEVELOPMENTAL SERVICES
TIMELINE AND PROCESS

Parent Involvement
Application
Enrollment
Entry
Screening for Developmental, Sensory, and Behavioral Concerns
45 Days
Individualized Services
Source of Care, Up-to-Date, Further Testing, Follow-up Plan
90 Days
Ongoing Care
Tracking Procedures
Periodic observations and recordings. Identify new or recurring health concerns.
Transition

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Performance Standard 1304.20(a)(1)(i)

(a) Determining child health status.

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

(i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;

Rationale: To promote healthy development, every child needs a source of continuous, accessible health care that is available even after the child leaves Head Start. Each child visits this health care provider, on a schedule of preventive and primary health care, to ensure that problems are quickly identified and addressed, as early identification and treatment for health problems reduce complications and improve health outcomes. Because parents have the primary, long-term responsibility for their children's health, it is critical for them to be as involved as possible in this health care process. *This rationale serves 45 CFR 1304.20(a)(1)-(2).*

Related Information: See 45 CFR 1304.20(e)(4) and 45 CFR 1304.40(f)(2)(i) for further information on assisting families to enroll and participate in a system of ongoing health care.

Guidance: Parents, as the primary caregivers of their children, play a central role in child health and developmental services. They provide important information, and their concerns about their child's health and development are carefully addressed. Parents are encouraged to participate in health promotion activities, well child care, treatment for health problems, and follow-up health care, and to receive training and information on child health and development.

Staff also serve an important role in coordinating health services with families. Through interviews and through reviewing medical documents with parents, they help make a determination as to whether or not each child has a source of continuous, accessible, coordinated care that serves as a "medical home," one that can continue beyond the time of Head Start enrollment. Staff also help determine whether or not each child has a source of funding for health services, which is necessary to assure a prompt and complete assessment of a child's health status.

If a child does not have a continuous source of care, staff and parents work together to plan strategies to ensure that the family acquires a medical home. Strategies include:

- Seeking assistance from the Health Services Advisory Committee to identify long-term providers, sources of funding for health services, and ways to inform community health providers about the health needs of Head Start children and families;
- Working with local Medicaid agencies to determine a child's eligibility for medical assistance; and
- Carefully and periodically reviewing health records to ensure that recommended treatment and preventive services are being provided, and that plans are developed for treatment and follow-up.

It may be advantageous for staff to conduct enrollment activities and assist families in accessing health care prior to the time of the child's entry into the program. Although the time frame for determining a child's health status is 90 days after entry into the program, agencies strive to make this determination for each child as early as possible. Due to the rapid development of infants and toddlers, it is particularly important to begin services as early as possible.

Performance Standard 1304.20(a)(1)(ii)

(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

Related Information: Refer to the schedule of well child care employed by the EPSDT program of the State Medicaid agency.

Schedules and recommendations for well child care will evolve over time, and it is the responsibility of each grantee to obtain current information. Sources for this information include the State Health Department and, for American Indian grantees, the Indian Health Service. Screenings to identify children who may have disabilities requiring further assessment are carried out within 45 days after a child enters the program. See 45 CFR 1304.20(b) and 1308.6(b) for additional screening information; and see 45 CFR 1304.20(a)(2) for time frames for programs operating 90 days or less.

Guidance: Each child's health provider has primary responsibility for making decisions about the child's health status and appropriate health services. One role of Head Start staff in determining that children's well child care is up-to-date is to work with parents to ensure that health care professionals have conducted the required review of the child's health, and have provided diagnostic testing and treatment, as needed.

The Health Services Advisory Committee (HSAC) strengthens recommended child health care guidelines by drawing upon its knowledge of the community. For example, the HSAC provides guidelines regarding:

- standards for prenatal care,
- the frequency of tuberculin and lead testing,
- the frequency of dental visits,
- preventive recommendations regarding the use of community water fluoridation, the topical use of fluoride, and various other dental services,
- testing and preventive measures for community health problems such as sickle cell anemia, intestinal parasites, Fetal Alcohol Syndrome/Effect, baby bottle tooth decay (infant dental caries), head lice, and Hepatitis A,
- recommendations for additional immunizations (e.g., children at high risk could be immunized against Hepatitis A), and
- whether the schedule of EPSDT services, as implemented in the community, adequately addresses all aspects of health.

Performance Standard 1304.20(a)(1)(ii)(A)

(A) For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;

Related Information: See 45 CFR 1304.20(a)(2) for further strategies parents can use in bringing children up-to-date on a schedule of well child care.

In addition, see 45 CFR 1304.51(c)(1)-(2) for suggestions on communicating with families.

Guidance: Agencies work collaboratively with parents and providers to make arrangements for children to receive needed examinations and immunizations. Families, therefore, may be referred to local clinics and health professionals who provide such services at reduced fees or who accept Medicaid. Agencies may arrange for staff from the local health department or health providers to come to the agency to provide services, in recognition that some parents may have difficulty taking children to medical or dental appointments. Such arrangements are not a substitute for working toward the long-term strategy of linking children and families to an ongoing source of health care. Agencies also work collaboratively with the Health Services Advisory Committee and State and local health agencies to ensure that health providers, including managed care organizations, are informed about the full range of services covered under the Medicaid program.

Performance Standard 1304.20(a)(1)(ii)(B)

(B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and

Guidance: Program staff:

- Discuss with parents the importance of prevention, early intervention, and well child care;
- Speak with parents to ensure that they have arranged necessary well child care appointments with health care professionals;
- Assist families in arranging for transportation to and from appointments, as well as in locating child care, if needed;
- Provide other support, as necessary, to ensure appointments are kept; and
- Ensure that parents understand their child's eligibility for services under Medicaid programs and how to advocate for their child in a variety of health delivery systems, such as fee-for-service, managed care, sliding-fee or private insurance systems.

Performance Standard 1304.20(a)(1)(ii)(C)

(C) Grantee and delegate agencies must establish procedures to track the provision of health care services.

Guidance: Tracking health care services involves maintaining child health records (see 45 CFR 1304.51(g)), which are used to:

- Provide a child development program suited to the individual child (see 45 CFR 1304.20(f) for additional information on individualization of the program);
- Identify needed preventive and corrective care; and
- Assure that such care is arranged.

Head Start staff and parents work with health care providers to ensure that after medical and dental examinations take place, results of the examination and the treatment plan, if necessary, become part of the child's health record. In addition, records indicate progress in completing treatment for all conditions in need of follow-up.

Health records contain information of a confidential nature, and, therefore, are kept in a place not accessible to unauthorized persons. Those portions of the health information providing helpful guidance to staff are shared through reports and through conferences that translate the confidential health information into useful educational and administrative recommendations. The need for, and the nature of, such sharing is explained to the parents, and their written authorization obtained. Staff review health records with parents (see 45 CFR 1304.51(g) and 1304.52(h)(1)(ii) for additional guidance).

Performance Standard

1304.20(a)(1)(iii) & (iv)

(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and

(iv) Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.

Guidance: The evaluations and screenings required by 45 CFR 1304.20 are helpful in identifying a child in need of further examination or treatment. For such a child, staff responsible for tracking the delivery of health services, together with parents, assume responsibility for ensuring that health or developmental problems receive competent and continuing care until the issues are remedied, or until a pattern of ongoing care is established. To accomplish this, staff responsible for tracking the delivery of health services:

- Check regularly with parents and other staff members to determine if examinations or treatments have taken place;
- Collaborate with center-based and family child care staff and home visitors, for the careful and repeated review of health records;
- Encourage health professionals to explain all procedures to families; and
- Ensure that parents understand how to navigate the referral procedures in various health care delivery systems.

Whenever possible, health services treatment and follow-up are completed by the end of the program year. However, if completion is not possible, a system is established for continuing the treatment after the child leaves the program. Staff in migrant programs are urged to assist families in identifying follow-up care at their new location.

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Performance Standard

1304.20(a)(2)

(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.

Related Information: See 45 CFR 1304.20(a)(1)(i)-(ii) for further guidance on determining a child's health status.

Guidance: To make a health status determination, and to secure preventive care or immunizations as quickly as possible, a good working relationship with State and local health agencies is essential. To facilitate timely services, Head Start staff in programs operating for 90 days or less can arrange for and schedule health services to take place before or during the first weeks of the program. For example, appointments for health services can be scheduled before migrant families arrive. In addition, night and weekend appointments can be made to accommodate the migrant family work schedules.

Other strategies that facilitate the provision of health services include:

- Coordinating with community agencies to provide screenings on site;
- Certifying Head Start health staff to perform screenings and measurements, when possible; and
- Facilitating transitions for families by learning where families will be going next, so that child health records may be transferred, with parental consent, to a Head Start agency, elementary school, or other child development program near the family's new home (see 45 CFR 1304.41(c)(1)(i) on the transfer of records).

Performance Standard

1304.20(b)(1)

(b) Screening for developmental, sensory, and behavioral concerns.

(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Rationale: A timely and systematic approach toward screening indicates which children require a formal assessment of their developmental needs. An approach which uses multiple sources of information and is sensitive to a child's cultural background provides a more valid "picture" of the child. *This rationale serves 45 CFR 1304.20(b)(1)-(3).*

Related Information: See 45 CFR 1308.6 for a description of the process of assessing children suspected of having disabilities.

Guidance: The screening process identifies children who need to be referred for more formal assessments in order to receive the benefit of interventions such as vision or hearing aids, mental health services, special education, or other related services. A coordinated review of pre-existing information, such as results from a recent vision screening performed through the EPSDT program, is combined with or supplemented by information gathered within the first 45 days of entry into the program.

The *Head Start Program Performance Standards* do not require that any particular strategy, instrument or technique be used. Appropriate procedures, however, should conform to sound early childhood practice and be valid, measuring what they are supposed to measure, and reliable, yielding consistent results over time and across users. Agencies consult with the program's content area experts in health, child development and mental health, with parents, and with the Health Services Advisory Committee as they design and implement a developmental screening approach.

Milestones in the development of motor, language, social, cognitive, perceptual, and emotional domains should be viewed flexibly – particularly since a child's development is affected by many factors, including heredity, health status, temperament and childrearing practices. The following are suggestions for performing and interpreting screenings:

- Consider the cultural, linguistic, and developmental background of the child when selecting tools or when conducting screenings and interpreting screening outcomes;
- Recognize that there is not widespread support for the use of any single screening instrument for identifying young children needing further assessment for behavioral or social-emotional concerns. A systematic and effective approach taps multiple sources, including
  - — staff and parent observations of actions and behaviors,
  - — health history,
  - — developmental history and current status, and
  - — family functioning, including relationships between the child and his or her parents and caregivers; and
- Review the results to determine if the findings "match" what staff and the family know about the child.

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Performance Standard 1304.20(b)(2)

(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.

Related Information: See 45 CFR 1304.24(a)(3)(i) on consulting with a mental health professional to design and implement program practices responsive to identified mental health needs.

Guidance: Agencies have a health, mental health or child development professional available to:

- Advise program staff on how to make timely referrals for comprehensive assessments by qualified professionals;
- Provide guidance for staff on the next steps to take should screening results indicate a need for further assessment;
- Assist home visitors in planning and delivering findings and other relevant information to parents;
- Solicit ideas on how to address children's needs in the program and in the home; and
- Assist staff in determining appropriate procedures for developmental screening.

All professionals respect family cultural backgrounds and lifestyles.

Performance Standard 1304.20(b)(3)

(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

Guidance: The formal screening process is only one of several methods that can be used to establish developmental profiles of Head Start children. A system ensures that staff and parent observations are part of all screening processes, which include:

- screening instruments as described in 45 CFR Part 1308,
- the systematically recorded observations of teachers, home visitors, and parents (see 45 CFR 1304.20(d) for guidance on observational techniques),
- collections of representative work by children, such as artwork, dictated stories, or tape recordings of language samples,
- interviews with preschool children,
- videotapes and audiotapes,
- staff summaries of children's progress as individuals and as members of groups, and
- parent feedback.

Performance Standard 1304.20(c)(1) & (2)

(c) Extended follow-up and treatment.

(1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.

(2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.

Rationale: Collaboration and communication between parents and staff is essential for optimal child health outcomes. *This rationale serves 1304.20(c)(1) & (2).*

Related Information: See 45 CFR 1304.40(f)(2)(ii) and 45 CFR 1304.20(e)(4) for further information on encouraging parents to become active partners in their child's health care process, and to advocate for their family's health needs.

Guidance: To support an ongoing system of communication, program staff and parents regularly compare observations of the child, refine goals, discuss progress, ask questions, talk about the quality of care, and address difficulties and concerns as they arise.

Agencies help parents to locate transportation; find assistance to pay for medications, aids, or equipment; determine where to go to obtain prescription medications, aids, or equipment; and discuss any issues or questions parents raise. Staff assist parents in learning how to communicate and work with health professionals.

Performance Standard 1304.20(c)(3)(i) & (ii)

(3) Dental follow-up and treatment must include:

(i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and

(ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.

Rationale: Preventive dental services and treatment are designed to ensure that a child's teeth and gums are healthy, and that dental health problems do not affect a child's overall health. Fluoridation is one of the most effective means of preventing tooth decay.

Related Information: See 45 CFR 1304.23(b)(3) for information on promoting effective dental hygiene among children.

Guidance: Effective dental hygiene is promoted through the use of fluoride. Two types of fluoride treatment are:

- Fluoride supplements, which may be recommended by dental professionals when communities do not fluoridate their water. These supplements are particularly useful for teeth that have not yet erupted through the gums.
- Daily brushing with fluoride toothpaste, the best way to get topical fluoride, which acts on teeth that have already erupted through the gums.

Agencies address barriers to treatment to ensure that families secure recommended dental procedures. Barriers may include a lack of information, transportation, or funds; or the unwillingness of dental providers to serve Head Start children. When access to dental care is a problem for Head Start families, special efforts, such as those described in 45 CFR 1304.20(c)(5), may be appropriate.

Performance Standard

1304.20(c)(4)

(4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).

Rationale: Addressing the health concerns of children with disabilities will enhance their opportunity to participate in, or fully benefit from, the Early Head Start and Head Start experience.

Guidance: The Individualized Education Program (IEP) for preschoolers or Individualized Family Service Plan (IFSP) for infants and toddlers represents an agreed-upon plan of action to support the achievement of important developmental outcomes for children including, in the case of infants and toddlers, supports for families. In these individualized agreements, agencies are expected to clearly identify the related services to be provided, in order to permit the participation of children with health concerns in Head Start or Early Head Start programs.

When the IEP or IFSP calls for the provision of a related service, staff are trained and supported for the roles they assume in securing or providing such services. Clear communication with parents regarding the type and schedule of related services to be provided is important.

Performance Standard

1304.20(c)(5)

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

Rationale: Head Start programs help families to access and to use existing services and resources. Head Start agencies supplement these resources when there is no other alternative for providing families with the services needed.

Related Information: See 45 CFR 1304.41(a)(2) for information on establishing ongoing and collaborative relationships with community organizations.

Guidance: A number of Federal, State, Tribal, and local programs provide treatment, referrals, or payments for medical and dental health care or for related services, including:

- Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT),
- Public Health Service programs, such as the Indian Health Service, the Migrant Health Program, Maternal and Child Health Bureau services, State Maternal and Child Health services, and State Children with Special Health Care Needs services,
- Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics, and
- Health departments (State, Tribal, or local).

Developing partnerships with local providers may take time and perseverance. When contacting community providers, agencies record information such as the date, name of contact, organization contacted, and the results of this contact. This record serves as documentation of their efforts to access funding sources.

The Health Services Advisory Committee also may be helpful in identifying other resources.

Resources need not be utilized solely because they are free. If existing service programs do not meet the needs of Head Start families, Head Start funds may be used as a supplement, but only after community resources and third-party payments have been used.

Performance Standard 1304.20(d)

(d) Ongoing care.

In addition to assuring children's participation in a schedule of well child care, as described in section 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

Rationale: Because of the rapid development of young children, annual observations are not sufficient to record changes that have an impact upon a child's health and development. It is important, therefore, to implement ongoing evaluation procedures that identify health or developmental concerns in a timely fashion.

Related Information: For additional information on child observations, see 45 CFR 1304.21(c)(2) and 45 CFR 1304.20(b)(3).

Guidance: Strategies for gathering observations and recordings on individual children include:

- When parents or staff observe changes, those observations are shared with a health professional. All sources of information are used in evaluating each child;
- For infants and toddlers, ongoing observations include patterns of eating, sleeping, elimination, and general activity, and this information is shared with parents daily;
- Children are observed throughout the day, as they participate in indoor and outdoor activities, routines, transitions, arrivals, and departures; and
- Parents are regularly provided with information on developmental milestones, and are asked for their observations concerning their child's development.

Even when a child does not exhibit health or developmental problems, staff continue to assess his or her physical, social, emotional, and cognitive development to ensure the quick identification of health or developmental problems, as well as to be aware of the child's developmental progress.

Performance Standard 1304.20(e)(1)

(e) Involving parents.

In conducting the process, as described in sections 1304.20(a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

(1) Consult with parents immediately when child health or developmental problems are suspected or identified;

Rationale: As the primary caregivers and advocates for their children, it is important that parents be involved in all decisions regarding their children's health care. Parents should be consulted when a health problem is suspected, informed of the reasons and benefits of all procedures recommended, and told about the results of all procedures. In addition, parents should be encouraged to prepare their children for health and developmental procedures, in order to increase their children's comfort levels, reduce their fears and anxieties, and optimize children's performance and the validity of the procedure. *This rationale serves 1304.20(e)(1)-(5).*

Related Information: See 45 CFR 1304.40(f)(2)(i)-(iii) for information on involving parents in a system of ongoing health care and in medical and dental health education programs.

Guidance: Staff develop skills to communicate with parents in a supportive manner, especially in discussing concerns about a child's development.

Parents know their children and their family, and thus interpret a child's behavior within the context of their own family and culture. In order to accurately assess a child's health and development, parents share their observations and concerns with all appropriate individuals; and, in turn, parents are informed about observations made by others regarding their child. Parents are involved in all decisions and follow-ups for further evaluation and intervention. It is useful for parents and staff to meet frequently to share observations and concerns, and to jointly make plans for further evaluation and intervention. Such consultations and observations should be documented (see 45 CFR 1304.51(g) for information on record-keeping).

Performance Standard 1304.20(e)(2)

(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;

Guidance: Agencies use fact sheets or other educational materials to familiarize parents with the use and rationale of all health-related procedures, as well as to familiarize them with the types of questions to ask health care providers. The results of diagnostic and treatment procedures are shared and discussed with parents. Group meetings or one-on-one sessions are used to convey information, as parents need understandable information about what the results of procedures mean for their child's health and development.

Performance Standard 1304.20(e)(3)

(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;

Guidance: Staff speak with parents about how to provide information on medical procedures to their children. Staff model, explain, and give examples in the program setting, during home visits, or during parent meetings on how to prepare children for health procedures — emphasizing that the demonstration or "acting out" of procedures ahead of time helps children to prepare for what takes place.

Performance Standard 1304.20(e)(4)

(4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and

Guidance: Involving parents in their children's health care includes:

- Promoting preventive health care for all family members;
- Introducing parents to existing resources, and helping them to become effective consumers of health care and to develop good relationships with health providers, so that they will feel comfortable utilizing managed care and fee-for-service systems, making appointments, calling for information, and communicating with the provider during visits;
- Encouraging parents to take their children to health and developmental appointments, and offering them access to safe transportation and other needed resources;
- Stressing the importance of keeping up-to-date health records in a safe place; and
- Encouraging parents to participate on the Health Services Advisory Committee.

In encouraging parents to accompany their children on health appointments, staff need to be aware of parents' work schedules and work conditions, especially with regard to the parents of children in migrant programs. Staff make every effort to ensure that services take place when parents are able to attend; services are not delayed or denied due to parents' working conditions.

Within a complex and changing health care system, Head Start staff, community partners, and other parents play an important role in helping families advocate for health needs. Effective health advocacy skills contribute to improved health care for Head Start children and family members. Head Start helps promote families' health advocacy skills, such as identifying and documenting health concerns, networking with other families who may have similar needs, identifying available resources for information and services, and communicating effectively with health professionals and administrators — and, thereby, assist parents in accessing the health information and services they need.

Performance Standard 1304.20(e)(5)

(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

Guidance: Staff obtain timely, informed, and written parental consent for authorization of all health services provided or arranged. When parents raise concerns about recommended procedures, it is useful to speak with them about why they refuse treatment, and to describe the benefits and reasons for the recommended procedures. When parents express discomfort working with a provider or have concerns regarding services or procedures, staff assume the role of "liaison" between the parents and the provider, consulting with the Health Services Advisory Committee, as needed. When families refuse their authorization, those refusals need to be documented. See 45 CFR 1304.22(a)(5) for guidance in determining when a refusal for treatment may be considered child abuse or neglect.

Performance Standard 1304.20(f)(1)

(f) Individualization of the program.

(1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

Rationale: Each child has an individual pattern of growth and an individual learning style. Most children will not require special education services to address their needs. However, children with disabilities often require a particular set of special services. *This rationale serves 45 CFR 1304.20(f)(1)-(2).*

Related Information: See 45 CFR Part 1308 for a description of required services for children with disabilities.

Guidance: Building upon the results of screenings, observations, and evaluations, activities are tailored, the curriculum adapted, and the physical environment modified to support each child's learning style, and to be responsive to differences in style (see 45 CFR 1304.21(c)(2)).

Should a screening identify a child in need of further evaluation or diagnostic testing, and the subsequent results indicate that the child meets the eligibility criteria for a disability requiring special education services, an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) is developed, and services begin as soon as possible.

Performance Standard 1304.20(f)(2)(i)

(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;

Related Information: Part C (formerly Part H) of the Individuals with Disabilities Education Act (IDEA) requires that States develop and implement a program of early intervention services for all infants and toddlers with disabilities and their families. Such a program must include written IFSPs specifying the major outcomes expected for each child and family, and the early intervention services necessary to help reach such outcomes. Each IFSP is a written plan developed by a multidisciplinary team, including parents or guardians, and contains:

- a statement of the infant's or toddler's present levels of physical, cognitive, language, speech, and psycho-social development and self-help skills,
- a statement of the family's strengths and needs with regard to supporting the development of their infant or toddler,
- a statement of the major outcomes to be achieved, along with the criteria, procedures, and timelines used to determine whether progress has been made, and whether a revision of the outcomes or services is necessary,
- a statement of the specific early intervention services needed to meet each child's and family's needs, including frequency, intensity, and method of delivery,
- the projected dates for beginning services, and the anticipated duration of those services,
- the name of the case manager responsible for implementing the plan and coordinating with other persons and agencies, and
- the steps to be taken to support the child's transition to preschool services, such as those specified under the IFSP and the IEP.

The IFSP reflects the kinds of intervention strategies and services the family believes will ensure that major outcomes for the child and family are achieved. Head Start services for infants and toddlers with disabilities are carefully tailored to each IFSP. Families are given continuing opportunities to express their preferences and concerns, in order to help identify the resources they bring, as well as the resources and service options they need to address their concerns.

Guidance: Development of the IFSP is a major step in a family-centered process of early intervention that emphasizes respect for family autonomy, independence, and decision-making and the development of partnerships between families and professionals to meet the individual needs of each child with disabilities. Ongoing communication with the local Part C agency will ensure that a coordinated approach supportive of families, but not duplicative or burdensome, is developed.

Performance Standard 1304.20(f)(2)(ii)

(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

Guidance: Head Start staff share information with families about services for infants and toddlers with suspected disabilities, and refer families to the appropriate local early intervention agency. Staff recognize that the process for developing the IFSP is as important as the plan itself, and literally depends upon the development of strong partnerships between families and the professionals who help them. Even though assessment and IFSP development may be performed by another local agency, Head Start staff support families in the IFSP evaluation and development process by helping them to:

- Understand their rights, including the right to participate in the development of the IFSP and the right to approve or disapprove it;
- Gather preliminary information, such as pregnancy and birth histories, health records, and developmental observations that will assist in assessing the child's needs;
- Understand the process of assessment and diagnosis, and the findings;
- Come to terms with fears, concerns, and needs;
- Articulate the family's immediate and long-range intervention strategies and service priorities; and
- Learn how services from more than one agency can be coordinated.

Performance Standard 1304.20(f)(2)(iii)

(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and

Related Information: See 45 CFR 1304.40(h) on involving parents in transition activities, and 45 CFR 1304.41(c) on transition services, especially (c)(2) concerning transitions for toddlers approaching their third birthday.

Guidance: Regulations for Part C of IDEA require the transition of infants and toddlers from Part C services to preschool services to be addressed, including:

- Discussions with and training of parents regarding transition issues, including future placements and long-range goals, strategies, and service priorities for the child and family;
- Preparation of each infant or toddler with disabilities for changes in service delivery or placement, including specific steps to help the child adjust to and function in a new setting;
- Discussions with parents about the IEP development process (see 45 CFR 1308.19); and
- Development of a transition plan at least six months before the child's third birthday, as required by 45 CFR 1304.41(c)(2).

Head Start agencies are aware that, in some States, at the discretion of families, Part C services governing IFSP development and implementation may be substituted for the IEP services that are specified in Part B of IDEA. Agencies, therefore, should be aware of all applicable State laws and regulations in this area.

Performance Standard 1304.20(f)(2)(iv)

(iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

Guidance: See 45 CFR 1308.19 for information concerning the development and implementation of the IEP, including: the contents of an IEP; the formation of multidisciplinary evaluation teams; and methods for involving parents in the IEP process.

1304.21

Education and Early Childhood Development

(a) Child Development and Education Approach for All Children

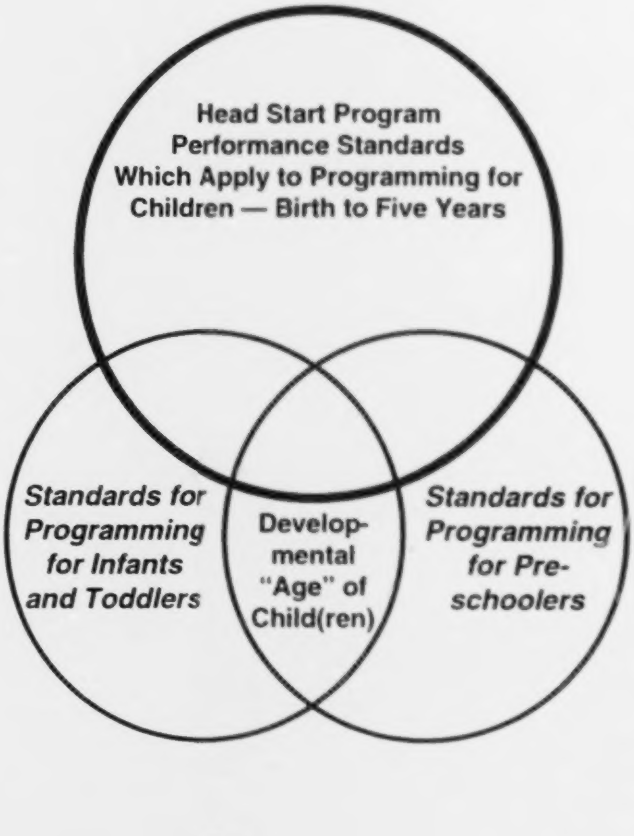
(b) Child Development and Education Approach for Infants and Toddlers

(c) Child Development and Education for Preschoolers

INTRODUCTION TO 1304.21

The objective of 45 CFR 1304.21 is to provide all children with a safe, nurturing, engaging, enjoyable, and secure learning environment, in order to help them gain the awareness, skills, and confidence necessary to succeed in their present environment, and to deal with later responsibilities in school and in life. Each child is treated as an individual in an inclusive community that values, respects, and responds to diversity. The varied experiences provided by the program support the continuum of children's growth and development, which includes the physical, social, emotional, and cognitive development of each child.

The Education and Early Childhood Development standards, which apply in all program options and settings, are grouped into three parts: (a) the approach for all children; (b) additional requirements for infants and toddlers; and (c) more specific requirements for preschoolers. The rationale and guidance describe a developmentally appropriate model, as defined in 1304.3(a)(7). Throughout this section, the term "adults" refers to all adults with whom children come into contact, including teachers, home visitors, parents, assistant teachers, and other staff. In some instances, specific references to "parents" is made to emphasize the importance of their relationship with the program.


Head Start Program Performance Standards Which Apply to Programming for Children — Birth to Five Years
Standards for Programming for Infants and Toddlers
Developmental "Age" of Child(ren)
Standards for Programming for Preschoolers

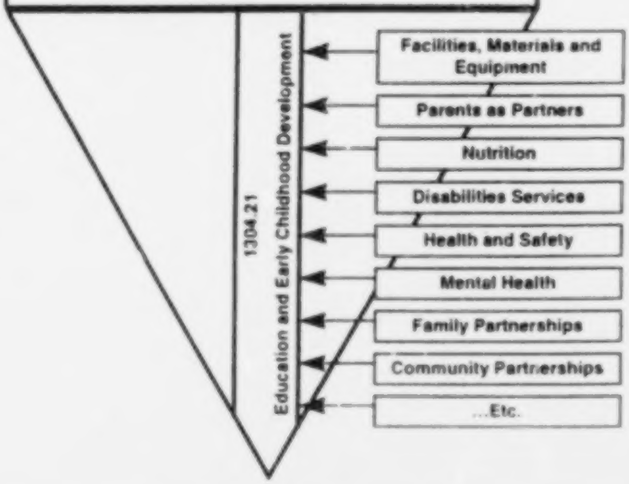
Definition of Curriculum

45 CFR 1304.3(a)(5)

The curriculum is consistent with the *Head Start Program Performance Standards* and is based on sound child development principles about how children grow and learn.

Curriculum means a written plan that includes:

- **(I) the goals for children's development and learning;**
- **(II) the experiences through which they will achieve these goals;**
- **(III) what staff and parents do to help children achieve these goals; and**
- **(IV) the materials needed to support the implementation of the curriculum.**


1304.21
Education and Early Childhood Development
Facilities, Materials and Equipment
Parents as Partners
Nutrition
Disabilities Services
Health and Safety
Mental Health
Family Partnerships
Community Partnerships
...Etc.

A philosophy shared by the program and the parents, and a planned, organized, consistently implemented curriculum support child development and education for infants, toddlers and preschoolers. The curriculum helps the program to meet goals for children's development and learning by providing experiences to meet such goals, and identifying the roles of staff members and parents, and identifying appropriate materials and equipment.

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Performance Standard 1304.21(a)(1)(i)

(a) Child development and education approach for all children.

(1) In order to help children gain the social competence, skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:

(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;

Rationale: Abilities, interests, temperaments, developmental rates, and learning styles vary among children. The program environment, therefore, is arranged to accommodate a variety of children's needs and strengths, and to stimulate learning across all domains of development: social, emotional, cognitive, and physical.

Related Information: See 45 CFR 1304.3(a)(7) for a definition of "developmentally appropriate"; for information on providing an environment of acceptance, see 45 CFR 1304.21(a)(1)(iii); and for information related to equipment, toys, materials, and furniture, see 45 CFR 1304.53(b). For further home-based guidance, see the *Head Start Home Visitors Handbook*. See 45 CFR 1304.40(e) for a description of parent involvement in child development and education.

Guidance: Program responsiveness to individual children is accomplished through comprehensive curriculum and by providing various materials, activities, and experiences that support a broad range of children's prior experiences, maturation rates, styles of learning, needs, cultures, and interests. Adults respect diversity among children by being responsive to children's cues — being especially sensitive to the development of growing infants and toddlers, and the need to design activities reflective of the observed stages and interests of children. Toward that end, the following strategies are useful:

- Supply a variety of materials and planned activities designed to encourage individual and group play;
- Provide continuous opportunities for children of all ages and abilities to experience success;
- Increase the complexity and challenge of activities, as children develop;
- Use a variety of materials found in the home when conducting home visits; and
- Observe children carefully to identify their preferred ways of interacting with the environment, taking into account their
  - skills in handling objects and materials,
  - frequency of conversation,
  - interest in listening to stories and songs, and
  - choices to work alone or with others.

Performance Standard 1304.21(a)(1)(ii)

(ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 45 CFR 1308.19);

Rationale: Agencies honor the individuality of each enrolled child with disabilities by following the child's IFSP or IEP and by ensuring that each child receives the specialized education and support he or she requires.

Related Information: See 45 CFR 1304.20(f)(2) and 45 CFR 1308.19 for additional guidance related to the development and implementation of IFSPs and IEPs for children with disabilities.

The Individuals with Disabilities Education Act (IDEA) stipulates that every IFSP for infants and toddlers with disabilities and each IEP for preschoolers with disabilities contain the following information:

- a statement of the child's present levels of social, emotional, cognitive, physical, and speech and language development, or range of functioning and types of self-help skills,
- a statement of expected outcomes (for IFSPs) or goals and objectives (IEPs) for each child and family,
- a statement of specific early intervention or special education and related services to be provided to each child, and
- an identification of the personnel responsible for planning, delivering, and supervising services, projected dates for the initiation of services, and the expected duration of services.

The IFSP and IEP provide activities that allow all children equal opportunity to develop skills, concepts, autonomy, initiative, independence and self-esteem.

Guidance: Adults follow each IFSP and IEP carefully when individualizing the child development and education approach for children with disabilities. Services provided under the IFSPs and IEPs enable teachers, home visitors, and other adults to include children with disabilities in both the overall and individualized education program. Adults:

- Develop learning environments that are varied and interesting so that children can choose from several learning activities;
- Use routines, activities, and experiences in the daily program that achieve the goals of the IFSP or IEP;
- Participate in meetings with experts in disabilities and health, and with other appropriate personnel, to plan and implement the IFSP or IEP; and
- Draw upon the principles of adult education to guide the staff and parents in implementing the IFSP or IEP.

Performance Standard 1304.21(a)(1)(iii)

(iii) Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition;

Rationale: Respecting individual children nurtures a positive sense of self in each child, and enhances the development of the skills needed to communicate and interact with others. Encouraging an understanding of human diversity helps children to grow up confident of their identity and to be respectful of the identity of others.

Related Information: See 45 CFR 1304.24(a)(1)(iv) on discussing with parents how to strengthen nurturing and supportive environments. See 45 CFR 1304.53(b) for guidance related to equipment, toys, materials, and furniture.

Guidance: Diversity is a key element to consider in organizing and planning the use of materials, as well as for planning an aesthetic environment, designing space appropriate for children, using a dynamic teaching style, and implementing an engaging program. Furthermore, environments reflect the community and the culture, language, and ethnicity of the children and families. Adults demonstrate respect by listening and responding to each child and by showing appreciation for each child and her or his family.

An environment of respect is provided by adults who:

- Demonstrate through actions a genuine respect for each child's family, culture, and life-style;
- Provide an environment that reflects the cultures of all children in the program in an integrated, natural way;
- Foster children's primary language, while supporting the continued development of English;
- Avoid activities and materials that stereotype or limit children according to their gender, age, disability, race, ethnicity, or family composition; and
- Model respect and help children demonstrate appreciation of others.

Performance Standard 1304.21(a)(1)(iv)

(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and

Rationale: A child's development is supported by a balanced program of learning experiences. During early childhood, children's learning and development is enhanced by opportunities to take initiative, make meaningful choices, and to learn the consequences of decision-making. Adults support learning with a curriculum based upon sound principles of child development, and which responds to each child's needs and interests.

Related Information: See 45 CFR 1304.21(b) for further information related to staff working with infants and toddlers. See 1304.3(a)(5) for a definition of "curriculum"; and see 45 CFR 1304.21(c)(2) regarding strategies for observing children to inform the curriculum.

Guidance: A balanced approach provides materials and opportunities for all children to participate in small group and individual activities and in sustained creative play. Staff:

- Plan for variation in ability levels and individual interests in all activities;
- Observe carefully as children engage in activities, and watch for opportunities to extend their thinking and range of interests, and to develop their problem-solving skills;
- Assist children to develop decision-making skills; and
- Together with parents, identify learning opportunities in the home, including how to adapt activities and household routines in response to children's interests, strengths, and needs.

Performance Standard

1304.21(a)(1)(v)

(v) Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents.

Rationale: When developmentally appropriate, toilet training provides opportunities for children to learn self-control, autonomy, and responsibility. Milestones for children in toilet training include: (1) muscle control; (2) emotional readiness and a willingness to cooperate; and (3) the ability to communicate toileting needs.

Related Information: See 45 CFR 1304.22(e)(2)(iii) for further information about hygiene and toilet training, and 45 CFR 1304.53 (a)(10)(xv) about toilet training equipment.

Guidance: To help children use toilet facilities independently, staff work with parents to understand the biological, physical, and emotional stages of toilet training, and provide children with an appropriate child-sized toilet or modified toilet seat. Staff:

- Encourage parents to share information about the child's experiences with toileting at home and about their preferences and concerns, in order to better plan with parents the approach to and timing of toilet training; and
- Assist children to use a child-sized toilet; invite them to use the toilet; help them, as needed; and positively reinforce their efforts, regardless of outcomes.

Performance Standard

1304.21(a)(2)(i)

(2) Parents must be:

(i) Invited to become integrally involved in the development of the program's curriculum and approach to child development and education;

Rationale: Parents are integral partners in the processes of planning and implementing curriculum, as they can share knowledge about their children, and are crucial in reviewing the effectiveness of the curriculum. Parent participation is valuable in assisting parents to increase their knowledge about child development and education, thereby enhancing their ability to serve as their children's primary teacher and to help staff make the curriculum meaningful for children.

Related Information: See 45 CFR 1304.40(e)(1) about working with parents to develop the program's curriculum and approach to child development. See 45 CFR 1304.3(a)(5) for a definition of "curriculum." See 45 CFR 1304.51(i) for information regarding program self-assessment.

Guidance: In all program options and settings, the curriculum is enriched by parent and staff communication regarding children's strengths, interests, learning styles, and needs, supplemented by activities and strategies developed together. Parents are involved in a variety of ways, including:

- Reviewing the curriculum on a regular basis, and participating on program self-assessment committees assigned to review how the curriculum is working;
- Sharing observations with staff concerning children's developmental patterns and behavior, to help individualize the approach in the home visit and in the program setting;
- Attending related training with staff; and
- Assisting in development and implementation of curricula, which, for infants and toddlers, is based on relationships, routines, and daily experiences.

Performance Standard

1304.21(a)(2)(ii)

(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and

Rationale: Parents increase their observational skills through participation with their children in group settings and in the home, and through training with staff to become more effective in using child observations to plan the curriculum.

Related Information: See 45 CFR 1304.20(b)(3) on obtaining family input on each child's development and behavior; see 45 CFR 1304.24(a)(1)(ii) on discussing with parents their child's behavior and development; and see 45 CFR 1304.51(c) on communication with families.

Guidance: To encourage systematic parent observations of their child and to support shared parent and staff planning of children's learning experiences, parents and staff review children's learning goals, discuss children's behaviors, and note children's developmental progress. Staff:

- Encourage parental input from observations at home or in the program, so that parents can share information with staff,
- Communicate regularly with parents about children's everyday routines; and
- Encourage parents to keep a scrap book of their child's development in the early years.

Performance Standard

1304.21(a)(2)(iii)

(iii) Encouraged to participate in staff-parent conferences and home visits to discuss their child's development and education (see 45 CFR 1304.40(e)(4) and 45 CFR 1304.40(i)(2)).

Rationale: Staff-parent conferences and home visits enhance adult's knowledge and understanding of the developmental progress of children in the program.

Guidance: A consistent approach to child development is achieved through effective staff-parent conferences (see 45 CFR 1304.40(e)(5)) and home visits (see 45 CFR 1304.40(i)(2)). In these experiences, staff:

- Demonstrate the value of the conferences and home visits (see 45 CFR 1304.40(i)(1));
- Communicate informally, as well as formally, with parents about their child's progress; and
- Schedule home visits and conferences at times convenient for parents and staff (see 45 CFR 1304.40(i)(3)).

Performance Standard

1304.21(a)(3)(i)(A)

(3) Grantee and delegate agencies must support social and emotional development by:

(i) Encouraging development which enhances each child's strengths by:

(A) Building trust;

Rationale: An environment that is responsive to each child, and that is predictable and consistent, strengthens a child's confidence in approaching new challenges, and enhances the development of trust.

Related Information: See 45 CFR 1304.21(b)(1)(ii) for information about encouraging trust and emotional security in infants and toddlers; and see 45 CFR 1304.52(g)(4) about staffing patterns.

Guidance: Children feel secure when staffing is consistent, relationships are nurturing and room arrangements, scheduling, daily expectations, and home visits are routine. Children also feel secure when adults are aware of the effects of sights, sounds, and motions on young children. Staff and parents, therefore, offer security and comfort to each child by:

- Being responsive to children's cries and other cues;
- Building continuous trust in infants and toddlers and keeping groups of children and teachers together throughout the child's program experience; and
- Communicating with children in their home language (see 45 CFR 1304.52(g)(2)).

Performance Standard

1304.21(a)(3)(i)(B)

(B) Fostering independence;

Rationale: Children develop independence gradually, through self-initiated behavior supported by adults. Children's independence is linked to their developing trust and confidence in themselves and others.

Guidance: Staff and parents foster independence when they:

- Encourage the development of self-help skills, such as brushing teeth, washing hands, wiping spills, and setting the table (see 45 CFR 1304.21(b)(1)(iii) and (b)(3)(i) for additional information on infants and toddlers);

- Provide opportunities for the use and development of language (see 45 CFR 1304.21(a)(4)(iii) for additional information about language development); and
- Provide opportunities for choosing materials and engaging in problem-solving activities (see 45 CFR 1304.21(a)(1)(iv) for guidance about a balanced program of child-initiated and adult-directed activities).

Performance Standard

1304.21(a)(3)(i)(C)

(C) Encouraging self-control by setting clear, consistent limits, and having realistic expectations;

Rationale: Self-control is one element of social and emotional development that enables children to form friendships, to communicate effectively, to use others as resources for problem-solving, and to gain social competence.

Related Information: See 45 CFR 1304.52(h)(1)(iv) for information about using positive methods of child guidance.

Guidance: Adults need to understand that children have different levels of ability to control their own behavior. Adults, then, can use positive techniques to help children develop self-control, such as modeling expected behavior, redirecting children to acceptable activities, and intervening to enforce consequences for unacceptable or harmful behavior. Adults assist children to develop self-control by:

- Providing activities and a daily schedule that engages the child mentally and physically and which is appropriate for the attention span of each child;
- Utilizing a process of observing, anticipating and redirecting;
- Developing consistent and clear rules, and involving preschool children, where possible, in the development of those rules;
- Reinforcing children's development of age-appropriate self-control behaviors;
- Assisting children to develop age-appropriate problem-solving skills by guiding them and by modeling how to solve problems and to resolve differences;
- Using books, stories, puppets, and other experiences to reinforce positive social behaviors; and
- Talking with parents about childrearing practices that support the child, and that bridge the home and program environments to provide consistency for the child.

Performance Standard

1304.21(a)(3)(i)(D)

(D) Encouraging respect for the feelings and rights of others; and

Rationale: Children who are encouraged to respect the feelings and rights of others engage in positive relationships that build social competence.

Guidance: Social skills vary in young children, depending upon development, age, experiences, and situations. Adults individualize their approach to each child, and they anticipate frequent and rapid changes in the behavior of young children. Thus, supportive adults:

- Acknowledge and encourage the understanding and the expression of each child's feelings;
- Model respect for feelings and rights of others;
- Foster positive social behaviors, such as cooperating, helping, and turn-taking, by using modeling, coaching, and encouragement;
- Use dramatic play to assist children in dealing with their feelings and in developing communication skills; and
- Discuss the consequences of various behaviors and redirect children without using punitive techniques or corporal punishment (see 45 CFR 1304.52(h)(1)(iv) on using positive methods of child guidance).

Performance Standard

1304.21(a)(3)(i)(E)

(E) Supporting and respecting the home language, culture, and family composition of each child in ways that support the child's health and well-being; and

Rationale: Incorporating the home language and culture throughout the curriculum supports the development of social competence and demonstrates respect for the values and beliefs of the family. Understanding and respecting the culture, social background, religious beliefs, composition, and childrearing practices of each family supports social and emotional development.

Related Information: See 45 CFR 1304.3(a)(9) for a definition of "family," and 45 CFR 1306.3(h) for a definition of "parent." See 45 CFR 1304.53(b) for information related to equipment, toys, and materials. See 45 CFR 1304.40(a)(5) and see 45 CFR 1304.52(h)(1)(i) regarding interactions with families, and 45 CFR 1304.52(g)(2) for ways to support the home language of the child. For information on home-based programs, see the *Head Start Home Visitors Handbook*.

Guidance: Adults give children a sense of acceptance of diversity by:

- Fostering each child's language development, including Standard American Sign;
- Using strategies to sustain and expand the home language, while children are in the process of learning English;
- Learning key words from the child's home language and their English equivalents; and
- Providing books and materials that reflect families' home languages and culture, as well as that of others in the community.

Performance Standard

1304.21(a)(3)(ii)

(ii) Planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child's needs.

Rationale: Predictable, daily schedules incorporate routines that support emotional stability in children; and transition activities throughout the day can be used as learning opportunities to facilitate various changes.

Guidance: Throughout the day and during home visits, programs have well-timed routines. Transitions are planned for and built into the schedule. Transitions occur as infrequently as possible, in order to support uninterrupted activity periods and to reduce disruptions. Consistent routines supportive of the ages, attention spans, abilities, and temperaments of each child are achieved in the following ways:

- Allowing enough time so that routines and transitions are unhurried and purposeful;
- Developing schedules that include predictability and repetition, particularly for infants and toddlers, and responding to a child's natural timetable;
- Giving all children notice to prepare for change, and explaining to them what is happening and what will happen next;
- Providing children with opportunities to participate in routines, such as picking up toys, setting and cleaning the table; and
- Minimizing waiting time in group settings.

Performance Standard

1304.21(a)(4)(i)

(4) Grantee and delegate agencies must provide for the development of each child's cognitive and language skills by:

(i) Supporting each child's learning, using various strategies including experimentation, inquiry, observation, play and exploration;

Rationale: Through meaningful interactions with adults, other children, and a rich environment, children gain knowledge and understanding of the world. Strategies that support the development of cognitive and language skills allow exploration in both indoor and outdoor environments.

Related Information: For specific information about infants and toddlers, see 45 CFR 1304.21(b) for information related to equipment, toys, and materials, see 45 CFR 1304.53(b).

Guidance: It is essential to provide materials and opportunities for learning, and to design meaningful, concrete experiences that promote children's interactions. Adults use a variety of teaching strategies to support children's learning by:

- Providing opportunities to learn through experimentation, inquiry, play, and exploration;
- Planning experiences for children of all ages to learn the functions and properties of objects, and to classify materials into groups;
- Offering a rich variety of experiences, projects, materials, problems, and ideas to extend children's thinking and to support their interests;

- Supporting children's cognitive development in the program and in the home by posing problems, asking questions, and making comments and suggestions that stimulate children's thinking and extend their learning;
- Having conversations with children to expand their thinking and learning; and
- Providing opportunities for children of all ages to acquire knowledge in areas such as science, social studies, the creative arts, numeracy, and language and literacy.

Performance Standard

1304.21(a)(4)(ii)

(ii) Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue;

Rationale: Children communicate ideas and feelings through gestures, words, pictures, body movements, and sounds. Creative expression in all of these areas helps children to experience success, to develop competence, and to acquire self-confidence.

Guidance: Children need to express themselves creatively. Their experiences with art, music, drama, dance, creative movement, and related conversation enhance their overall development. Because self-expression varies, reflecting the individual's level of development, adults reinforce children's creativity by:

- Supporting exploration of arts materials and demonstrating appreciation of each child's self-expression;
- Engaging in rhythmic activities, singing, and the use of musical instruments;
- Encouraging children to express their thoughts and emotions through dance and creative movement activities;
- Stimulating imagination through drama and other language-rich experiences; and
- Engaging in dialogues to learn about others, to enhance communication skills, and to expand vocabulary.

Performance Standard

1304.21(a)(4)(iii)

(iii) Promoting interaction and language use among children and between children and adults; and

Rationale: Children develop language skills by communicating with others; and they use verbal and nonverbal communication to share feelings and to express ideas.

Guidance: Adults model communication by listening, by engaging in conversation, and by providing interesting experiences that extend language skills and vocabulary. Adults provide a climate in which children communicate effectively by:

- Recognizing infants' communication skills and responding to their cues;
- Giving children time to talk to one another and to ask questions;
- Respecting children's developing skills in English and in their home language;

- Understanding the language development of young children, including the importance of supporting the home language;
- Using simple, clear sentences when conversing with an infant or toddler, and using more complex language with older children;
- Speaking in tones that are pleasant to children;
- Using a variety of strategies for children to learn new and interesting vocabulary, and to expand their language skills through songs, games, poems, and stories from their own and from other cultures;
- Engaging in dramatic play in which children act out familiar activities, such as going to the grocery store or the library, and using the telephone;
- Engaging in meaningful conversations that adults or children initiate;
- Modeling appropriate language use, such as complete sentences and correct grammar; and
- Expanding upon, rather than correcting, children's speech.

Performance Standard 1304.21(a)(4)(iv)

(iv) Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.

Rationale: Children need a foundation for reading and mathematics. The development of this foundation results from the interaction of children's early experiences, relationships with adults and other children, and maturation. The development of skills related to literacy and numeracy is an ongoing part of a child's cognitive development.

Related Information: For additional information on activities that support the learning of infants and toddlers, see 45 CFR 1304.21(b); and see 45 CFR 1304.40(e)(4), regarding family literacy.

Guidance: Literacy and numeracy materials and activities are developmentally appropriate, interesting, engaging and meaningful. Adults support the development of literacy and numeracy skills through:

- Reading and discussing stories everyday;
- Having reading and writing materials accessible and inviting to children to support their awareness of and emerging skills with letters and numbers;
- Planning opportunities for children to listen to stories read aloud by an adult or on tape;
- Encouraging oral traditions through storytelling;
- Providing stories from children's own and other cultures;
- Providing opportunities for children to reflect upon experiences and to see their own words being written by adults;

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- Providing books and stories with repetitive verses, words, or sounds, or in which the pictures follow the text closely, so that children can relate what they hear to what they see;
- Helping children develop awareness of the sounds of language by using rhymes and by identifying sounds;
- Helping children to see the functional uses of print in the program or in the home; for example, street signs, a shopping list, and names of helpers on a job chart;
- Providing objects for counting, sequencing games, and one-to-one correspondence toys, as age-appropriate;
- Providing playthings in infant and toddler environments to encourage the understanding of cause and effect, the use of tools, learning schemes, and spatial relationships;
- Designing opportunities for children to discover how numerical concepts relate to other concepts, through activities that include food experiences, science, games, dramatic play, fingerplays, puzzles, blocks, calculators and abacuses, and computers;
- Sharing with parents ways that the home environment encourages literacy and numeracy development;
- Planning family activities that provide children with memorable experiences; and
- Supporting the use of libraries, museums, and other community resources.

Performance Standard

1304.21(a)(5)(i)

(5) In center-based settings, grantee and delegate agencies must promote each child's physical development by:

(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills;

Rationale: A child's gross motor development is important to overall health. As such, that development is important to the achievement of cognitive skills, the promotion of agility and strength, neural processing, kinesthetic confidence, general body competence, and overall autonomy. Gross motor development is gained through regular play and movement, both indoors and outdoors.

Related Information: See 45 CFR 1304.20(d) for information about the ongoing care of each child's growth and development; 45 CFR 1304.21(c)(2) regarding child observation and assessment to promote and support children's learning and developmental progress; 45 CFR 1304.52(h)(1)(iii) about the supervision of children; 45 CFR 1304.53(a)(4) about separating the physical space used by infants and toddlers from that used by preschool children; 45 CFR 1304.53(a)(9) about the arrangement of indoor and outdoor space and equipment; and 45 CFR 1304.53(a)(10)(x) about playground equipment.

Guidance: Agencies provide ample space, appropriate equipment, and adult supervision, as children explore and exercise; and infants, toddlers, and preschoolers have indoor and outdoor space within which to play. In order to support the development of gross motor skills of all children, adults:

- Arrange physical space so that children have room to roll over, crawl, sit, walk, and test new skills;
- Provide climbing structures that are easily accessible and that provide challenges and opportunities for success;
- Provide solitary play equipment, such as swings with cross-bars and low slides;
- Provide padded and safe structures for exploration, and play surfaces that are appropriately cushioned;
- Encourage the use of riding, pushing, and pulling wheeled toys, such as scooters, wagons, and trucks; and
- Provide supervision and guidance during all activities.

Note: *Infant walkers and jumpers are not used because their use has been found to considerably increase the risk of major injury to young children.*

Performance Standard

1304.21(a)(5)(ii)

(ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child's developmental level; and

Rationale: Fine motor development is important to a child's arm and hand strength, manual dexterity, eye-hand coordination, the manipulation and exploration of objects, and the development of other skills necessary for learning.

Guidance: Adults provide daily opportunities for all children to develop fine motor skills through:

- Planning experiences for developing motor skills and physical strength through repetition of actions;
- Increasing the complexity of age-appropriate manipulative materials and activities;
- Fostering self-help skills, such as buttoning, lacing, and zipping;
- Providing time for children to demonstrate and practice new skills;
- Encouraging parents to find developmentally appropriate opportunities to enhance fine motor skills; and
- Providing adult supervision and guidance during all activities, for safe, active learning.

Performance Standard

1304.21(a)(5)(iii)

(iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.

Rationale: A responsive, inclusive environment supports the needs of all children, and it provides ways for each child to participate in all program activities.

Related Information: For further information on the participation of children with special needs, see 45 CFR Part 1308; and for guidance related to equipment, toys, and materials, see 45 CFR 1304.53(b)(1)(iii).

Guidance: Teachers and home visitors work with parents, content area experts, and other staff to implement an IFSP or IEP. Staff:

- Adapt materials and equipment so that all children can share in activities;
- Provide spaces that make play equipment and materials accessible to all children;
- Assist children, if necessary, in using and playing with materials;
- Are sensitive to parents' expectations; and
- Adapt activities, make accommodations, and use other strategies that integrate children socially and enable them to participate in all activities, regardless of abilities.

Performance Standard

1304.21(a)(6)

(6) In home-based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials.

Rationale: Parents need to understand the importance of physical development in a child's overall development so they will provide opportunities for active play.

Related Information: For further information, see the *Head Start Home Visitors Handbook*.

Guidance: Home visitors and parents focus on the importance of physical activity by:

- Planning and incorporating age-appropriate, outdoor and indoor physical activities into both home visits and group socialization experiences (see 45 CFR 1304.21(a)(5) about promoting children's physical development);
- Discussing realistic developmental expectations, individual rates of development, interests, preferences, and temperament;
- Participating in children's physical activities;
- Identifying equipment and activities appropriate for each child's age and ability;
- Modeling interactions that guide children's safe, active indoor and outdoor play;
- Identifying opportunities for dancing, exercising, and creative dramatics in the home and for jumping, hopping, climbing, and running outdoors;
- Involving children in making safety rules, and helping them understand the reasons for such rules;
- Discussing information about community recreational facilities; and
- Developing and implementing curricula, which for infants and toddlers is based on relationships, routines, and daily experiences.

Performance Standard

1304.21(b)(1)(i)

(b) Child development and education approach for infants and toddlers.

(1) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5) for a definition of curriculum):

(i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52(g)(2));

Rationale: To support the development of infants and toddlers, the curriculum focuses on relationships, respect, and responsiveness of the child development services. Social and emotional development of infants and toddlers is based upon their relationship with their caregivers. For healthy social and emotional development, infants and toddlers need the attention of consistent caregiving. Staff who understand the child's family culture and speak the home language reinforce an infant's or toddler's emotional security and trust. A safe and secure environment nurtures positive relationships with peers and adults.

Related Information: See 45 CFR 1304.21(a)(1)(iv) for further information on child-initiated and adult-directed activities; see 45 CFR 1304.24(a)(1)(ii) about discussing a child's behavior and development with parents, including separation and attachment issues; and see 45 CFR 1304.52(g)(2) about having classroom and family child care staff and home visitors who speak the child's language.

Guidance: Adults help infants and toddlers develop positive and secure relationships by:

- Assigning a teacher or home visitor to each infant (see 45 CFR 1304.52(g)(4) about staffing patterns). Staff changes, when they must occur, are gradual, to maintain the emotional security of infants and toddlers;
- Valuing continuity in language and culture when assigning staff to a child;
- Communicating frequently with family members about the child; and
- Encouraging families to volunteer in the program, to increase staff understanding of a child's culture and home routines.

Performance Standard

1304.21(b)(1)(ii)

(ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and

Rationale: Children's feelings of security and attachment influence all aspects of development, including the curiosity and confidence necessary to explore the environment.

Guidance: Responsive, nurturing caregiving is crucial to infants' and toddlers' feelings of security within relationships and within the environment, and is a foundation for later development. Each child needs to feel secure and to know that there is an adult who responds sensitively to his or her cues and developmental changes, and who:

- Feeds infants when they are hungry and comforts them when they are distressed (see 45 CFR 1304.23(b)(1)(iv) and 1304.23(c)(5) regarding feeding infants);

- Supports and encourages infants to learn by observing them as they interact with the environment;
- Interacts with infants and toddlers by gently holding, talking, and gesturing with them;
- Provides an emotionally secure and physically safe environment that allows mobile infants and toddlers to explore and to develop independence and control; and
- Nurtures the individuality of infants and toddlers by giving them choices and by providing opportunities for them to do things for themselves.

Performance Standard

1304.21(b)(1)(iii)

(iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.

Rationale: Adults enhance all areas of development by supporting infants and toddlers with a broad array of experiences that are interesting to the child and promote sensory and motor exploration.

Related Information: See 45 CFR 1304.53(b) for information related to equipment, toys, and materials.

Guidance: Adults promote sensory and motor development by:

- Changing the area of play by moving infants from one area or position to another;
- Changing or rotating objects to stimulate and challenge infants and toddlers;
- Encouraging movement and playfulness;
- Engaging infants and toddlers through their senses with physical contact, making sounds, feeling textures, and tasting or smelling foods; and
- Interacting face to face during all kinds of routine activities, including diapering and feeding times.

Note: *Cribs, high chairs, and car seats are used only for their intended purposes.*

Performance Standard

1304.21(b)(2)(i)

(2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:

(i) Encourages the development of self-awareness, autonomy, and self-expression; and

Rationale: The social and emotional growth of infants and toddlers develops through their relationships with caregivers. A safe and secure environment nurtures positive relationships with peers and adults.

Guidance: Teachers, home visitors, and parents provide experiences that encourage young children to develop self-awareness, autonomy, trust, and exploration, by:

- Affirming each child as an individual;
- Responding to the child's sense of pleasure in his or her own successes;

- Establishing face-to-face contact and engaging in playful exchanges of sounds and simple games;
- Using pictures and photographs of infants and toddlers with their families;
- Responding to children's behaviors associated with fears or needs; and
- Developing activities that match children's developmental levels and honor their preferences.

Performance Standard

1304.21(b)(2)(ii)

(ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.

Rationale: Children acquire and develop communication skills through observation and practice. They learn verbal and nonverbal means of communicating needs, thoughts, and feelings by imitating the behaviors of others.

Guidance: Adults encourage language development by engaging children in a variety of songs, stories, poems, books, and games.

Adults develop realistic expectations of children's speech and language by:

- Engaging children in the use of verbal and nonverbal methods of communication;
- Providing opportunities for appropriate interactions with peers and in daily activities, such as at meal times;
- Using descriptive language and behaviors during routine activities, such as diapering, to build a foundation for the use of language;
- Responding to young children's first attempts at conversation by expanding on their vocalizations or gestures; and
- Reading stories, singing songs, reciting rhymes and encouraging children to hold and manipulate books.

Performance Standard

1304.21(b)(3)(i)

(3) Grantee and delegate agencies must promote the physical development of infants and toddlers by:

(i) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and

Rationale: A comprehensive program for infants and toddlers encourages play and active exploration to support the development of gross motor skills which enhance self-confidence, independence, and autonomy.

Related Information: See 45 CFR 1304.20(d) for information about the ongoing care of each child.

Guidance: Adults promote the physical development of infants and toddlers by:

- Assisting children when tasks become frustrating, rather than by doing the tasks *for* them;
- Recognizing developmental milestones that indicate children's changing needs for independence;

- Allowing infants and toddlers to play with and explore objects in a safe environment;
- Bringing objects and activities to young infants; and
- Providing open and accessible indoor and outdoor space for children to practice skills, such as crawling, walking, and reaching activities (see 45 CFR 1304.53 (a)(4) for information about providing space for mobile infants and toddlers).

Performance Standard 1304.21(b)(3)(ii)

(ii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.

Rationale: Infants and toddlers develop fine motor skills through sensory exploration and opportunities to practice the coordination of specialized motions.

Guidance: Infants and toddlers develop physical skills and strength through repetition. Adults aid such development through:

- Activities and materials that involve grasping, dropping, pulling, pushing, throwing, touching, and mouthing;
- Opportunities for hand-eye coordination, such as fitting objects into a hole in a box, and self-feeding; and
- Opportunities for infants and toddlers to interact

Performance Standard 1304.21(c)(1)

(c) Child development and education approach for preschoolers.

(1) Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum (see 45 CFR 1304.3(a)(5)) that:

Rationale: A philosophy shared by the program and the parents, and a planned, organized, consistently implemented curriculum support child development and education, meet the goals for children's development and learning, provide experiences to meet such goals, identify the roles of staff members and parents, and identify appropriate materials and equipment.

Related Information: See 45 CFR 1304.21(a)(2) and 1304.40(e)(1) and (e)(2) for information about parent involvement in child development and education; see 45 CFR 1304.53(b) for information related to selecting materials, equipment, and toys; see 45 CFR 1304.3(a)(7) for a definition of "developmentally appropriate"; and see 45 CFR 1304.21(c)(2) regarding strategies for observing children to inform the curriculum.

Guidance: Staff, in collaboration with parents, implement a curriculum that is consistent with the *Head Start Program Performance Standards*. Agencies develop their own curriculum or select and adapt from among a variety of curriculum approaches or frameworks, which support each child's social, emotional, cognitive, and physical development, as well as the educational aspects of other program areas. The daily implementation of the curriculum is responsive to ongoing observations of children. Staff work with parents to support the goals of the curriculum in the home.

In developing or selecting and adapting curriculum, agencies and parents jointly ensure that the curriculum is comprehensive, and is:

- based upon sound child development principles,
- well-grounded in its approach and methods,
- specific in goals and objectives for children's development and learning that are achievable, but also challenging,
- inclusive of developmentally appropriate indoor and outdoor activities,
- supportive of spontaneous learning opportunities;
- responsive to a system for observing and documenting children's progress in all areas of development,
- intellectually engaging and personally meaningful to children, and
- informed by the community, cultural beliefs, and the language of those being served.

Performance Standard

1304.21(c)(1)(i)

(i) Supports each child's individual pattern of development and learning;

Rationale: The curriculum is based upon sound principles of child growth and development, and is responsive to each child based upon what staff and parents know about individual children.

Related Information: See 45 CFR 1304.53(b) for information about equipment, materials, and toys.

Guidance: The environment, curriculum, and learning approach support children's individual patterns of development. Staff, together with parents, discuss what they observe about the child's progress, interests, development, learning style, attention span, temperament, and problem-solving abilities. To support individualizing the curriculum, they:

- Plan periods of time for children's sustained involvement in teacher planned and/or self-chosen tasks;
- Plan opportunities for children to work alone and with other children;
- Recognize and respond to children's individual interests and learning styles, including visual, tactile, or auditory; and
- Plan activities that enable children to develop emerging skills and practice existing skills.

Performance Standard
1304.21(c)(1)(ii)

(ii) Provides for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success;

Rationale: Children expand their knowledge and skills through a variety of experiences and interactions with other children and adults. Intellectual development is reinforced and extended through opportunities to engage in meaningful work that stimulates questioning, forming ideas, and represent what is being learned.

Related Information: See 45 CFR 1304.21(a)(4) for information about the development of cognitive and language skills for all children.

Guidance: Adults support children's cognitive development and eagerness to learn by:

- Providing a learning environment that offers children experiences which vary in complexity as well as support individual interests and abilities;
- Asking questions that have more than one answer and extend children's thinking;
- Supporting play as a way for children to organize their experiences and understand concepts;
- Incorporating developmentally appropriate strategies for children to learn concepts and skills related to science, social studies, language, literacy, numeracy, art, music, and movement;
- Using books, games, and computers, as well as other concrete materials, to raise questions and solve problems;
- Engaging children in creative activities and problem solving; and
- Encouraging children to interpret and represent their experiences, understanding, and ideas through drawing, writing and other art media; language; movement; and music.

Performance Standard
1304.21(c)(1)(iii)

(iii) Integrates all educational aspects of the health, nutrition, and mental health services into program activities;

Rationale: Children develop habits and attitudes about physical health, mental health, and nutrition through a wide variety of experiences.

Related Information: See 45 CFR 1304.40(f) for further information on organizing health, nutrition, and mental health education, and involving parents in these program aspects, and 45 CFR 1304.24(a)(3)(ii) about education on mental health issues.

Guidance: The health, nutrition, and mental health aspects of the *Head Start Program Performance Standards* are incorporated on a daily basis through activities such as handwashing, brushing teeth, preparing food, and talking about feelings. Adults model good health practices and integrate them into the curriculum by:

- Talking about physical and dental examinations, before they occur, in order to increase understanding and reduce fears;
- Encouraging role playing and reading books, before and after visits to doctors, dentists, and therapists;
- Including props and opportunities for learning through dramatic play;
- Providing learning experiences through food preparation and through the sampling of a variety of nutritious foods;
- Providing books, pictures, videos, and special guests to provide information related to health, nutrition and mental health; and
- Engaging individual children in conversations and dramatic play regarding concerns, fears, or issues identified by the children themselves.

Performance Standard

1304.21(c)(1)(iv)

(iv) Ensures that the program environment helps children develop emotional security and facility in social relationships;

Rationale: Emotional security forms the base from which children increase their confidence, initiative, and ability to develop positive social relationships.

Guidance: Adults enhance emotional security for children when they:

- Provide an environment of acceptance for each child;
- Show respect for children's feelings and ideas (see 45 CFR 1304.21(a)(1)(iii) for additional guidance on providing an environment of acceptance);
- Facilitate opportunities for children to develop social skills;
- Recognize and nurture children's friendships with peers;
- Design activities that support children's interactive or social-dramatic play;
- Model effective communication and conflict resolution techniques;
- Equip the environment with multiple sets of materials, in order to reduce conflicts;
- Encourage children to resolve their own conflicts with adult support, when necessary; and
- Help individual children manage stressful situations and events.

Performance Standard

1304.21(c)(1)(v)

(v) Enhances each child's understanding of self as an individual and as a member of a group;

Rationale: The curriculum supports the individuality of children, strengthens their self-confidence, assists them in recognizing themselves as individuals, and increases their skills in relating to others.

Guidance: Through individual and group activities, adults encourage children's self-awareness by:

- Providing individually identified space for the personal belongings of each child;
- Using photos, drawings, and tape recordings of children and families;
- Engaging in cooperative play activities that help children to respect others;
- Assisting children in recognizing their strengths;
- Designing activities that allow children to express feelings;
- Building a sense of community through group discussions and shared projects;
- Encouraging parents to respectfully display their children's work; and
- Modeling respect, and helping children demonstrate their respect for others.

Performance Standard

1304.21(c)(1)(vi)

(vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning; and

Rationale: The implementation of the curriculum provides opportunities for each child to succeed, feel confident in his or her abilities, and develop positive attitudes toward learning.

Guidance: Staff and parents use a variety of strategies to assure that children experience success, including:

- Encouraging and allowing children to do as much for themselves as they can;
- Intervening, when appropriate, to expand and extend the children's experiences;
- Providing experiences that move from simple to more complex thinking and skills;
- Challenging children to work at the edge of their capability and to acquire new skills and competencies which will increase their self-confidence and self-efficacy; and
- Helping children acknowledge their own and others' progress.

Performance Standard

1304.21(c)(1)(vii)

(vii) Provides individual and small group experiences both indoors and outdoors.

Rationale: The curriculum utilizes indoor and outdoor settings and a variety of equipment and materials to broaden children's learning and experiences. Individual and small group activities allow children to understand others and themselves in relationship to others.

Related Information: See 45 CFR 1304.53(a)(3) for information on organizing space to allow for individual and group activities.

Guidance: Adults provide children with opportunities to work alone and with others by:

- Organizing space into areas, such as a reading center, computer station, block area, or dramatic play corner;
- Designing small and large group activities that involve sharing, caring, and helping;
- Providing an outdoor play area that contains equipment and space for both individual and shared activities; and
- Initiating outdoor group and individual activities and games.

Performance Standard

1304.21(c)(2)

(7) Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child (see 45 CFR 1304.20(b), 1304.20(d), and 1304.20(e)).

Rationale: Flexible and dynamic programs support children's development and changing knowledge and skills, as well as their individual strengths and needs.

Related Information: See 45 CFR 1304.24(a)(3)(i) for information about designing and implementing program practices responsive to identified behavior and mental health concerns.

Guidance: Staff individualize the curriculum and adapt the environment to promote and support children's learning, by:

- Regularly and continually observing and recording children's behavior and progress, in order to help in the design of activities that support a range of developmental levels;
- Knowing each child's capabilities and modes of learning, to provide individually appropriate activities;
- Including parents in the process of ongoing assessment; and
- Incorporating observations and ongoing assessment information into curriculum planning, including
  - — changing materials used in Head Start settings, including home-based visits,
  - — rearranging the program environment to respond to children's developmental progress, and
  - — expanding goals for children.

1304.22

Child Health and Safety

(a) Health Emergency Procedures

(b) Conditions of Short-Term Exclusion and Admittance

(c) Medication Administration

(d) Injury Prevention

(e) Hygiene

(f) First Aid Kits

INTRODUCTION TO 1304.22

Head Start's commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of 45 CFR 1304.22 is to support healthy physical development by encouraging practices that prevent illness or injury, and by promoting positive, culturally relevant health behaviors that enhance life-long well-being.

The standards in this section include health emergency procedures, conditions of short-term exclusion, medication administration, injury prevention, hygiene, and first aid kits.

Performance Standard

1304.22(a)

(a) Health emergency procedures.

Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

Rationale: In emergency situations, staff members are prepared to act quickly to ensure the health and well-being of each child. Staff who are knowledgeable and well-trained in their agency's health emergency procedures are prepared to protect the children in their care. *This rationale serves 45 CFR 1304.22(a)(1)-(4).*

Related Information: See 45 CFR 1304.40(f)(2)(iii) for information on providing parents with the opportunity to learn the principles of emergency first aid, and 45 CFR 1304.22(d)(1) and (2) for information on safety and injury prevention.

Guidance: Emergency policies and procedures clearly stating the responsibilities of each staff member are written in the language of staff members and the population being served, as well as in English. The Health Services Advisory Committee can be instrumental in developing these policies. It also is helpful for emergency providers, such as firemen, policemen, and emergency medical technicians, to participate in developing such policies, particularly after visiting the program, so that staff, children and emergency providers can get to know each other.

Staff training includes techniques for reacting quickly and calmly in implementing emergency procedures; and the training is geared to the age of the children being served.

Home visitors, family child care providers, and other staff work with families to develop plans of action for dealing with emergencies in the home, including conducting periodic emergency practice drills and procedures for families without telephones.

Performance Standard 1304.22(a)(1)

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;

Guidance: With consultation from their Health Services Advisory Committee, agencies provide training and post concise directions to staff on administering first aid, contacting emergency care providers, seeing to emergency transportation, and contacting parents.

Performance Standard 1304.22(a)(2)

(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;

Guidance: So that staff can quickly access emergency contact information, a list of emergency care facilities and provider telephone numbers is posted at recognized locations, such as at each telephone station in the program site. When calling about an emergency, helpful information includes the following: name of caller, agency, nature of emergency, telephone number, address, easy directions, exact location of injured person(s), number and age(s) of person(s) involved, condition(s) of person(s) involved, and help already given.

Emergency contact information for each child includes:

- names and telephone numbers (both at home and at work) of the parents or legal guardians,
- names and telephone numbers (both home and work) of parent or contact persons to whom the child may be released, if the parent or guardian is unavailable,
- name, address, and telephone number of the child's usual source of medical and dental care,
- information on the child's health insurance, including the name, identification number, and the subscriber's name,
- special conditions, disabilities, allergies, or medical and dental information, such as the date of the latest DPT immunization, and
- parent's or guardian's written consent, in case emergency care is needed.

Updated information is kept in a file easily accessible to appropriate staff. Copies of this information accompany staff and children on outings away from the facility.

Home visitors and other staff encourage and assist parents to develop a list of names and telephone numbers of individuals to contact in an emergency. Two copies of such lists are made — one copy to post at home and another to give to a responsible person outside the home, such as a neighbor. Parents without telephones develop plans for accessing a neighbor's telephone or a nearby public telephone, two way radio, or "walkie-talkie," in case of an emergency.

Performance Standard 1304.22(a)(3)

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

Guidance: A written plan for evacuating and for responding to a fire, flood, tornado, earthquake, hurricane, blizzard, violence in the community, and power failure saves valuable time in emergency situations. Plans include specifics, such as escape routes, assignments for all staff, and the location of the nearest fire alarm. Home visitors help parents to develop an emergency evacuation plan for their own home, as well as a strategy for how to help all family members above age two to understand and follow such a plan.

The Health Services Advisory Committee, emergency medical system (EMS) staff, the fire inspector, and the local fire department are helpful in developing an emergency plan.

Although it is impossible to anticipate each potential emergency situation, some emergencies are prepared for by taking precautions such as:

- Planning two exit routes from every location in the building;
- Having unannounced evacuation drills at least once a month, at varying times of the day; and
- Maintaining records of evacuation drills for the on-site inspection and review of the building inspector.

Performance Standard 1304.22(a)(4)

(4) Methods of notifying parents in the event of an emergency involving their child; and

Guidance: When contacting parents or other emergency contact persons, it is important for staff to calmly and succinctly relate all relevant information.

An incident or injury report form is useful in documenting what has happened to a child and what has been done to care for that child, as well as the notification made to parents and the parents' response to this notification.

Performance Standard 1304.22(a)(5)

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

Rationale: It is essential to intervene in any suspected case of abuse and neglect, both for the safety of the child and for the wellness of the family. Federal, State, and Tribal laws require educators and caretakers to report all suspected cases of abuse and neglect. Establishing these procedures helps staff determine when and to whom such a report needs to be made.

Related Information: See Appendix A to 45 CFR 1301.31, the *Identification and Reporting of Child Abuse and Neglect*, for a description of Head Start policy governing the prevention, identification, treatment, and reporting of child abuse and neglect; see 45 CFR 1304.41(a)(2)(vi) for information on collaborative relationships with child protective service agencies; and see 45 CFR 1304.52(k)(3)(i) for information on training staff to recognize and report child abuse and neglect.

Guidance: Head Start plays an important role in working with families to prevent child abuse and neglect. Head Start staff help to identify risk factors for abuse, and work with the family to clarify appropriate expectations, enhance parenting skills, and offer the family emotional support and resources. In establishing agency procedures for handling cases of suspected or known child abuse or neglect, agencies:

- Assure that agency policies are in compliance with applicable Federal, State, Tribal, or local child abuse and neglect laws regarding the definition of child abuse and neglect and the standards of evidence required for reporters under applicable laws;
- Establish a local agency reporting plan, as required by 45 CFR 1301.31(e);
- Contact the local, State, or Tribal agency responsible for receiving reports of suspected child abuse and neglect, in order to learn about specific reporting procedures. Agencies may include State and local child protective service (CPS) agencies, Indian child welfare programs, local police departments, or State or local departments of social services. Identify and establish relationships with problem-solving and support groups for abusers and potential abusers (e.g., Parents Anonymous) to provide referrals and training for prevention and intervention;
- Train all staff to identify and report child abuse and neglect. Ensure that staff do not, themselves, investigate suspected cases of child abuse and neglect. Their role is to report suspected cases to the appropriate agencies. Ensure that staff report to their supervisor regarding a suspected case of abuse or neglect;
- Provide special training and support to home visitors who, because they are in the families' homes on a regular basis and have an unusually close relationship with the parents, are in a special situation for reporting child abuse and neglect;
- Cooperate with enforcement agencies and, when possible, work with abusing or neglecting parents and caretakers to provide them with support, counseling, and other referrals;
- Encourage an appointed staff member to approach the individual(s) suspected of abuse or neglect, whenever appropriate, and if doing so will not constitute a danger to reporting staff; convey concerns and inform the individual(s) that a report to the appropriate authorities is being submitted;
- Ensure confidentiality of the individual reporting of the suspected abuse and of all reports of suspected abuse (see 45 CFR 1304.52(h)(1)(ii) for information on the program's confidentiality policy);
- Recognize that most States require only suspicion that abuse or neglect has occurred before reporting may take place; incidents must be reported as soon as they are

suspected, because waiting for proof may result in serious risks to the child; and

- Inform staff members of cultural differences in childrearing practices and direct them to discuss with a designated staff member any concerns regarding differences in child rearing practices.

Performance Standard 1304.22(b)(1)

(b) Conditions of short-term exclusion and admittance.

(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

Rationale: Temporarily excluding a child from program participation protects the health of the affected child, other children, and staff.

Guidance: Clear policies and procedures, developed by the agency with the involvement of the Health Services Advisory Committee, indicate those instances in which a child should be temporarily excluded from the program. This policy is conveyed to parents at enrollment, so that everyone concerned will understand and follow standard policy, and so that all may function as partners in determining whether the child in question stays home or not, and can plan accordingly.

Current, professionally established guidelines on short-term exclusion and readmittance may be used to develop agency short-term exclusion policies. When determining such policies and procedures, consideration should be given to whatever arrangements working parents make to care for their ill or injured child. When applicable, staff may suggest alternatives for child care, if reasonable modifications cannot be made in the program setting.

A child may be readmitted to the program when he or she meets appropriate criteria. Some conditions, however, may require approval by a local health official, before readmittance is possible or wise. Staff consult with the Health Services Advisory Committee or other local health officials regarding these conditions and readmittance recommendations.

Performance Standard

1304.22(b)(2)

(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

Rationale: Provided the program can reasonably accommodate them, all eligible children are afforded an equal opportunity to be included in Head Start, regardless of special health needs or medication requirements, so that they and their families may benefit fully from the experience.

Related Information: See 45 CFR 1308.4(a) and (c) for additional information on meeting the needs of, and including, children with disabilities.

Guidance: Including a child with special health care needs or medication requirements, such as a child with HIV or diabetes, can involve developing policies and strategies, with the assistance of the Health Services Advisory Committee, that include the following:

- Making reasonable accommodations for the child. The Health Services Advisory Committee and local agencies or organizations, such as hospitals, schools, and local health departments, can suggest ways to accommodate the child in the program;
- Ensuring that parents and health care providers supply clear, thorough instructions on how best to care for the child, in order to protect his or her health, as well as the health of other children and staff;
- Ensuring that the program has adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health procedures;
- Reassuring parents of other children that their children are at no health risk;
- Promoting understanding of the child's special health needs, without embarrassing or drawing attention to the child; and
- Protecting the privacy of the affected child and her or his family.

In developing strategies for maintaining optimum health requirements, staff review Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, which prohibit discrimination against persons with disabilities, including those with chronic health conditions. In addition, programs are familiar with State child care licensing regulations and medical and nursing practices regarding health procedures.

Resources that are of assistance in preparing staff to care for children with special medical needs include:

- the child's health care provider,
- Health Services Advisory Committee members,
- local public health department staff,
- local medical and nursing society members, and
- medical equipment manufacturers.

Providing the support necessary to promote, improve, and deliver the above services means collaborating with agencies such as the Centers for Disease Control and Prevention, the State Children with Special Health Needs (CSHN) agency, and State, Tribal, and local health departments.

Performance Standard 1304.22(b)(3)

(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

Rationale: This requirement will prepare the staff to provide better care for the child and to help protect the health of other children and staff, and it will facilitate the appropriate and prompt reporting of diseases.

Related Information: See 45 CFR 1304.40(f)(2)(iii) for information on providing parents with the opportunity to learn principles of preventive medical and dental health. Also, see 45 CFR 1304.52(h)(1)(ii) for information on following the program's confidentiality policy.

Guidance: Staff and parents share responsibility for the health of all children. Agencies implement an ongoing process to ensure that parents have opportunities to inform staff of accommodations their child may require, such as those due to a child's chronic illness or condition. Staff offer such opportunities during enrollment and throughout the year as a child's health needs arise. Plans to accommodate a child's health or safety needs are in place before services to a child begin or as soon as possible after the need is identified.

Parents are reassured that disclosing such information is voluntary and that parents only need to share sufficient information to accommodate the child. Agencies ensure that there is a process to share information among staff on a need-to-know basis and that all staff and parents understand the agency's confidentiality policy.

Performance Standard 1304.22(c)

(c) Medication administration.

Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:

Rationale: The proper storage of medication and its administration by designated staff, following the written authorization of the child's physician and parents, safeguard the health of children, staff, and families. *This rationale serves 45 CFR 1304.22(1)-(3).*

Guidance: The Health Services Advisory Committee assists in developing procedures for the administration, handling, and storage of medication. In developing such procedures, it is important to encourage communication with parents, to be aware of any individual or community health considerations, and to be cognizant of State policies. For example, if applicable, medication administration procedures should be outlined in an individualized plan for the child. In the home-based option, parents administer medications to their children.

Performance Standard

1304.22(c)(1)

(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

Related Information: See 45 CFR 1304.53(a)(10)(iii) for additional information on the storage of medications.

Guidance: In developing procedures and techniques for labeling and storing medication, it is important for both agencies and families to keep the following in mind:

- ***Instructions and information.*** To ensure the safety of children, prescribed medication is labeled by a pharmacist, with the child's first and last names, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date, and administration, storage, and disposal instructions.

  For over-the-counter medication with a documented recommendation by a health care provider, parents should provide instructions and information on a label, including: the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer or health care provider; and the name of the health care provider who recommended the medication for the child.

  Medications administered "as needed" ("PRN" medications) have specific directions for administration, including minimum time between doses, maximum number of doses, and criteria for administration. Medication required for use by staff and volunteers is clearly labeled with their first and last names.

- ***Container.*** Prescribed medication is provided in an original, child-resistant container labeled by a pharmacist. For over-the-counter medications recommended by a health care provider, parents may be asked to provide the medication in a child-resistant container.
- ***Storage and inaccessibility to children.*** Medication of any kind needs to be kept away from food, and stored in sturdy, child-resistant, closed containers that are both inaccessible to children and prevent spillage. If medication requires refrigeration, a small lock box designated for storing medication may be kept in the refrigerator.
- ***Expiration dates.*** Medication should not be used beyond the date of expiration on the container, or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions that state the medication may be used "whenever needed" should be reviewed by the physician at least annually.

- ***Transportation.*** Efforts should be made to minimize the transportation of medication. If, however, medication does need to be transported, staff ensure that there are measures to keep it temperature-controlled, if necessary, and that there is a responsible adult in charge of the medication (e.g., the bus monitor, if a child requiring medication takes the bus), in accordance with State and Tribal law.

Performance Standard

1304.22(c)(2)

(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;

Related Information: See 45 CFR 1304.22(c)(6) and 1304.52(d)(2) for further information.

Guidance: Child medications are handled by designated staff, selected and trained in accordance with State or Tribal law. The designated individual(s) may be someone who is at the program regularly, so that all children may become comfortable with him or her. In the absence of State law, the most qualified person should administer the medication. A back-up staff member also is designated and kept informed of all current procedures. If State law requires that an individual be licensed to administer medication, a reasonable accommodation may be to obtain the services of a nurse or a nurse practitioner for this purpose.

Performance Standard

1304.22(c)(3)

(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;

Related Information: See guidance to 45 CFR 1304.22(c)(6) for information on techniques staff should know regarding administering medication.

Guidance: A physician or other person legally authorized to prescribe medication provides instructions for the dose, frequency, method to be used (e.g., before meals, tilting head), and duration of administration in writing by a signed note or a prescription label. These instructions are legible and easily understood. The program provides training for the staff person(s) administering medication.

Signed parent authorization forms are kept in the child's health record. The Health Services Advisory Committee may assist in the development of these authorization forms.

In cases when medication is needed for emergency treatment, it is administered only if authorized by a local poison control center or a physician.

Performance Standard

1304.22(c)(4)

(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;

Rationale: Information pertaining to the dispensation of medication should be well-documented, so that administration is accurate and accomplishes its intended purpose. Changes in a child's behavior, or physical symptoms, may indicate a need to communicate with the physician to alter the dosage or type of medication. *This rationale serves 1304.22(c)(4)-(5).*

Guidance: Each time medication is dispensed during program hours, the amount of medication given, the time and date of administration, and the name of the person administering each dose is recorded in the child's record. Special circumstances, such as spills, responses, reactions, and refusals to take medication, also are included in the child's health record. This information is then reported to and reviewed by the parent and the individual who prescribed the medication. If there are consistent administration problems, an experienced health professional should be consulted.

Performance Standard 1304.22(c)(5)

(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and

Related Information: See 1304.20(e)4) for additional information on involving parents as active partners in their child's health care process.

Guidance: Staff encourage parents to give the first dose of medication at home, so that they can observe whether the child has any type of reaction. In extenuating circumstances where the first dose of medication is given by a staff person, staff members with whom the child has regular contact are instructed to watch for any changes in the child's normal behavior patterns, such as signs of lethargy, moodiness, aggressiveness, or physical reactions such as rashes. When administering medication to infants and toddlers, staff watch for allergic reactions, such as swelling, rashes, or breathing difficulties.

If changes are noted at any time during medication administration, they are recorded and immediately brought to the attention of the child's parents. The parents, in turn, contact the physician, who determines whether or not to continue the child's medication, and at what dosage. A child's reaction to medication may occasionally be extreme enough to initiate emergency procedures.

Performance Standard 1304.22(c)(6)

(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

Rationale: Staff knowledge of proper techniques for handling medication safeguards the health of all children in the programs.

Related Information: See 45 CFR 1304.52(k) for additional information on staff training and development, and 45 CFR 1304.22(c)(2) for additional information on designating a trained staff member.

Guidance: Some appropriate techniques for medicine administration include:

- Reading the label and prescription directions in relation to the required dose, frequency, storage, and other circumstances relative to administration;
- Using age-appropriate administration techniques to gain the child's cooperation; and
- Documenting that the medication, in fact, was administered.

According to State child care laws and regulations, including Professional Practice Acts, a health care provider trains staff members to use any equipment needed to administer medication, such as nebulizers, or any instrument specifically used to administer medication to infants and toddlers. Staff administering medication demonstrate their ability to perform those procedures.

All staff who are in contact with the child understand the way the medication works, and are alert to its possible side effects.

Performance Standard 1304.22(d)(1) & (2)

(d) Injury prevention.

Grantee and delegate agencies must:

(1) Ensure that staff and volunteers can demonstrate safety practices; and

(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

Rationale: Injuries often are the result of a mismatch between a child's abilities and activities, unsafe conditions in the environment, or a lack of adult supervision. Fostering and incorporating safety awareness into a program supports Head Start's role of protecting each child.

Related Information: See 45 CFR 1304.53(a) for information on keeping the Head Start physical environment and facilities well maintained and hazard free. See 45 CFR 1304.53(b)(3) for information on Sudden Infant Death Syndrome (SIDS).

Guidance: Although injuries are the number one cause of death of young children, they often can be prevented by a practical awareness of potential hazards, and by providing effective supervision, taking action to eliminate or reduce hazards, appropriately responding to an emergency, and teaching children, parents, and staff members about safety.

To prevent injuries and to protect children, the families, staff, and children, themselves, are made aware of critical injury prevention principles, including the importance of:

- Using proper restraints in motor vehicles and protective gear, such as bicycle helmets;
- Keeping firearms, medication, and other hazardous materials locked and away from children; and
- Supervising children at all times.

As part of the ongoing training for staff, parents, and volunteers, agencies focus on safety practices in both home and program settings. Agencies observe staff throughout the year to determine their ability to demonstrate safety practices and serve as a positive role model on health and safety issues. Staff incorporate violence prevention in the day-to-day practice of their jobs. (See 45 CFR 1304.22(a)(5) for additional information on preventing child abuse or neglect.)

Staff and parent attitudes and behavior toward safety are as important as the safety of the physical environment. Different ways for parents and staff to promote safety messages to children include the following:

- Involving children in making and enforcing rules of safety in order to increase their safety awareness and help them feel involved;

- **Using "teachable moments" to discuss safety, such as when a child gets a minor bump or bruise, and to talk to the children about ways to prevent similar injuries, taking care not to make the injured child feel embarrassed; and**
- Teaching children what to do in an emergency, and where to go for help.

For additional information on injury prevention, agencies contact local organizations, such as SAFE KIDS coalitions, health departments, and American Red Cross chapters. National organizations include the Children's Safety Network, the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Highway Traffic Safety Administration.

Performance Standard 1304.22(e)(1) & (2)

(e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

(i) After diapering or toilet use;

(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);

(iii) Whenever hands are contaminated with blood or other bodily fluids; and

(iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

(i) Before and after giving medications;

(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and

(iii) After assisting a child with toilet use.

Rationale: Effective implementation of hygiene, sanitation, and disinfection procedures significantly reduces health risks to children and adults by limiting the spread of infectious germs. *This rationale serves 45 CFR 1304.22(e)(1)-(6).*

Related Information: See 45 CFR 1304.22(e)(3) for information on the use of gloves, and 45 CFR 1304.22(e)(4) for information on universal precautions.

Guidance: Effective handwashing practices include:

- Using running water that drains;
- Using soap, preferably liquid;
- Rubbing hands together for at least 10 seconds; and
- Turning off the faucet with a paper towel.

Performance Standard 1304.22(e)(3)

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

Related Information: See 45 CFR 1304.22(e)(4) for information on universal precautions.

Guidance: Gloves are available to all staff, including home visitors and bus drivers, who may come into contact with bodily fluids.

Gloves are not required during routine diapering or when wiping noses. However, some agencies, based upon the advice of the Health Services Advisory Committee, may choose to require the use of gloves in those instances as well. For protection, disposable gloves are worn when changing the diaper of a child with diarrhea or a diagnosed gastrointestinal disease.

Gloves made of disposable latex (or disposable, non-latex/reusable rubber gloves, properly sanitized, for those allergic to latex) are removed and disposed of properly after contact with spills of blood or other bodily fluids.

The use of gloves is not a substitute for handwashing. Staff wash their hands immediately after the gloves are removed.

Performance Standard 1304.22(e)(4)

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

Related Information: For specific details on universal precautions, refer to "Occupational Exposure to Bloodborne Pathogens," by the Occupational Safety and Health Administration and the ACF Transmittal Notice IM-93.2, "Head Start Occupational Health Standards for Bloodborne Pathogens."

Guidance: Agency guidelines for cleaning and disinfecting areas contaminated by bodily fluids include the following:

- Clean the soiled area, then disinfect the area with a solution of ¼ cup household liquid chlorine bleach in one gallon of tap water, made fresh daily;
- Dispose of waste and contaminated materials (e.g., diapers, rags) in a plastic bag with a secure tie; and
- Use the solution recommended above to rinse and disinfect the materials used for cleaning spills, and then wring materials as dry as possible, before hanging them up to dry further.

To ensure safety, keep cleaning materials away from areas used by children.

Performance Standard 1304.22(e)(5)

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.

Related Information: See 45 CFR 1304.53(a)(10)(xvi) on procedures for disposing of soiled diapers, and 45 CFR 1304.53(a)(10)(xiv) on ensuring that adequate toileting, diapering, and handwashing facilities are provided.

Guidance: When diapering a child:

- Make certain that the child is safely secured at all times;
- Diaper on an elevated, nonporous surface used only for that purpose;
- Talk to the infant or toddler while diapering;
- Note anything unusual in the child's diaper;
- Situate the diaper changing area as close to a water source as possible;
- Change children at regular intervals, or when obviously appropriate; and
- Be mindful of contamination risks, taking precautions to minimize those risks. Such precautions include: washing the adult's and the child's hands; properly securing soiled diapers or clothing; and cleaning and disinfecting all soiled surfaces.

Diapering procedures are posted in the diaper changing area.

Performance Standard 1304.22(e)(6)

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

Related Information: See 45 CFR 1304.53(a)(10)(xv) for guidance on the provision of toilet training equipment; 45 CFR 1304.22(e)(1) and (2) for information on hygiene; 45 CFR 1304.22(e)(3) on wearing gloves; and 45 CFR 1304.53(a)(10)(viii) for information on cleaning and disinfecting the premises.

Guidance: The spread of germs is prevented through the use of potties with smooth surfaces, with no cracks or crevices, and by cleaning and disinfecting potties in the following manner:

- Empty contents into the toilet;
- Rinse potties with running water in a utility sink never used for food preparation purposes, and empty the rinse water into a toilet;
- Wash all parts of the potty with soap and water; empty soapy water into toilet;
- Rinse again; empty into the toilet;
- Spray with bleach solution;
- Air dry;
- Wash and disinfect sink; and
- Wash hands.

Performance Standard 1304.22(e)(7)

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

Rationale: Spacing cribs and cots properly is an effective means of avoiding the spread of contagious illness, and it ensures that each child can be checked on and attended to quickly, in case of emergencies.

Related Information: See 45 CFR 1304.53(a)(5) for guidance on cribs and usable space requirements.

Guidance: Children can be placed in alternating head-to-foot positions, at least three feet apart, in order to prevent the face-to-face spread of germs.

For purposes of hygiene, all bed linen is assigned to children for their exclusive use while enrolled in the program, and no child sleeps on an uncovered surface. Seasonably appropriate covering also is provided. Washing all linens on a regular basis, as well as immediately following an illness, and after "accidents," helps prevent the spread of germs. If linens are air dried, there is a possibility that germs may not be killed. The heat from machine drying or ironing linens will kill germs. Cribs and cots are also regularly disinfected.

Performance Standard 1304.22(f)(1)

(f) First aid kits.

(1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

Rationale: Many injuries may be treated by staff, who are trained in first aid and are provided appropriate first aid supplies. *This rationale serves 45 CFR 1304.22(f)(1)-(2).*

Guidance: Each first aid kit, including those used in group socializations, outings, or when transporting children on a day-to-day basis, are tailored for the ages and program size served. The American Red Cross has compiled an approved list of supplies to include in a first aid kit. The Health Services Advisory Committee also may recommend materials to include.

Home visitors discuss with families the importance and use of first aid kits and determine what first aid supplies the family has available or may need in the home. Home visitors help to identify potential community resources to secure needed items.

Performance Standard 1304.22(f)(2)

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

Guidance: To ensure that kits are restocked regularly, agencies:

- Assign a staff member to inventory and to restock supplies;
- Establish an inventory checklist;
- Conduct and document a monthly inventory of all supplies; and
- Check expiration dates on all supplies.

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1304.23

Child Nutrition

(a) Identification of Nutritional Needs

(b) Nutritional Services

(c) Meal Service

(d) Family Assistance with Nutrition

(e) Food Safety and Sanitation

Performance Standard

1304.23(a)

(a) Identification of nutritional needs.

Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

INTRODUCTION TO 1304.23

The objective of 45 CFR 1304.23 is to promote child wellness by providing nutrition services that supplement and complement those of the home and community. Head Start's child nutrition services assist families in meeting each child's nutrition needs and in establishing good eating habits that nurture healthy development and promote life-long well-being.

This section includes standards in five areas: the identification of each child's nutritional needs; the design and implementation of nutritional services programs; meal service in center-based programs; family assistance with nutrition; and food safety and nutrition.

Rationale: A child's healthy development is promoted through ongoing communication between staff and families concerning nutrition-related child assessment data, family eating patterns, the child's feeding schedules and eating preferences, and community nutritional issues. *This rationale serves 45 CFR 1304.23(a)(1)-(4).*

Related Information: See 45 CFR 1304.23(a)(3) for information on feeding and elimination patterns.

Guidance: A variety of opportunities exist for staff and parents to discuss each child's nutritional needs. Discussions may take place during enrollment, or at meetings called especially to discuss family partnership agreements (see 45 CFR 1304.40(a)(2)), initial home visits, and early staff-parent conferences. Staff members who may be involved in these discussions include: home visitors, teachers, qualified nutritionists or registered dietitians, kitchen staff, health care providers, including dentists and lactation consultants, and the Head Start staff persons in charge of nutrition, health, or disabilities services.

As the nutritional needs of young children change rapidly over a period of weeks or months, periodic reassessment is necessary. For infants and toddlers, it is especially important that parents provide and regularly update certain key nutritional information about their children's needs, feeding, and elimination patterns. It also is important that parents share with appropriate personnel special nutritional and feeding requirements for children with disabilities.

One way to gather information on nutritional requirements and feeding patterns is to ask families to prepare a record of each child's nutritional intake and feeding schedule over a period of time. Such a brief dietary history is useful as a basis for discussions with the family about a child's nutritional requirements.

Performance Standard

1304.23(a)(1)

(1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);

Guidance: The child's current health or medical history record contains important information related to nutritional status. These data are particularly critical for identifying children who are over- or underweight, underheight, or anemic.

In assessing children's nutritional status, it is important to recognize that healthy children have individual differences and patterns of growth. Thus, one should refrain from comparing one child's development to another's. Rather, it is important to involve a health professional or a nutrition specialist in the review of nutritional data, as well as in the development of treatment and follow-up plans. Other local resources, such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC), also are helpful in providing assistance. Discussions with parents on nutritional needs and treatment strategies that can be followed during program hours and at home further support this process; and providing staff and parents with information on typical growth patterns is another method that is used to facilitate the identification of unusual, nutrition-related situations.

Performance Standard

1304.23(a)(2)

(2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 45 CFR 1308.20);

Guidance: Family eating patterns vary according to many factors, including the availability of certain foods, family preferences, and family income. A registered dietitian or qualified nutritionist can provide staff with background information about how to conduct discussions related to nutritional needs and health, while taking proper dietary guidelines and family preferences and income into consideration. Topics that may be raised in discussions with parents include:

- cultural, religious, ethical, or personal food preferences (such as vegetarianism), and medically prescribed diets that should be taken into account when planning menus,
- nutrition-related health problems diagnosed by a health professional, such as obesity, iron deficiency, failure-to-thrive, food allergies and intolerances, such as milk allergies and lactose intolerance, that require special dietary considerations,
- healthy eating on a family budget, and
- any adaptations or accommodations needed for children with disabilities.

Performance Standard

1304.23(a)(3)

(3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and

Related Information: See 45 CFR 1304.40(e)(3) for additional suggestions about how to share information with parents on a daily basis. See 45 CFR 1304.40(c)(3) for information on the benefits of breast feeding.

Guidance: Infant nutritional needs change rapidly during the first year of life. Therefore, regular communication between parents and staff helps to ensure that nutritional needs are met, both at home and in the Head Start Program setting. Initial discussions with parents of infants may include topics such as:

- how and when each child is fed,
- whether the child consumes breast milk or formula,
- the introduction of new foods and solid foods,
- the child's elimination patterns,
- feeding preferences and problems, and
- safe food preparation and handling.

Throughout the year, staff and parents also discuss nutritional changes and specific issues surrounding weaning, teething, the introduction of solid foods, the appropriateness of different foods at various developmental levels, infant reactions to new foods or to food changes, and strategies for dealing with adverse reactions to various foods.

Daily conversations with parents that address infant and toddler food intake, as well as eating and elimination patterns, are one method of sharing information. Therefore, time is set aside to discuss these issues, perhaps as parents come to pick up their children.

Performance Standard

1304.23(a)(4)

(4) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.

Guidance: Information contained in the Community Assessment (see 45 CFR 1305.3) helps to identify children's nutritional needs. This information includes topics such as:

- the quality of the local food and water supply, such as availability of fluoridated water and fresh fruit and vegetables, and
- nutrition-related, prevalent health conditions in the community, such as hunger, obesity, diabetes, hypertension, baby-bottle tooth decay (infant dental caries), and lead poisoning.

If this information is not available in the Community Assessment, the Health Services Advisory Committee, State and local health department nutritionists, or community health organizations may be helpful in obtaining it.

Performance Standard 1304.23(b)(1)

(b) Nutritional services.

(1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child's food experience.

Rationale: One essential aspect of healthy growth and development is a nutrition program that meets each child's nutritional needs, feeding requirements, and feeding schedules. A related aspect is proper dental hygiene, to prevent tooth decay and gum disease, which includes the teaching of habits that can preserve dental health through a child's life. By involving parents and appropriate community agencies in all aspects of nutrition services, Head Start agencies ensure that menus and cooking styles take into account cultural and ethnic preferences, comply with Head Start and Departments of Agriculture and Health and Human Services (USDA/HHS) recommendations and requirements, and fully use community food resources. *This rationale serves 45 CFR 1304.23(b)(1)-(4).*

Related Information: See 45 CFR 1304.23(c)(1) for information on serving a variety of foods; 45 CFR 1304.23(b)(1)(i) regarding required documentation from health care providers for menu substitutions; 45 CFR 1304.23(b)(1)(iv) and (v) for information on feeding schedules; and 45 CFR 1308.20 on nutrition services for children with disabilities.

Guidance: Nutritional needs and requirements are met by serving a variety of healthy foods, including breads and other grain products, vegetables, fruits, meat and meat alternates (such as eggs, nuts, seeds, dry beans, peas, and cheese), and milk and milk products (yogurt and cheese). The USDA/HHS Food Guide Pyramid provides a basis for determining the kinds and amounts of the food groups to be eaten each day. Children are thus introduced to a broad variety within the food groups, while at the same time honoring, through careful menu planning, cultural, religious, ethical, and personal food preferences.

Staff and parents play an important role in the implementation of the nutrition program. Parents provide information on cultural and ethnic preferences and requirements, and that information is used to develop menus sensitive to the needs of families. In addition, the Health Services Advisory Committee provides input into the development of menus and information on other issues related to nutrition.

The nutrient needs of children with disabilities are the same as those of other children. However, due to difficulties in chewing or swallowing, or due to a lack of feeding abilities, the texture and consistency of foods may need to be modified. Modification of the menu for children with disabilities or for children with special medical or dietary needs are always undertaken in consultation with the child's primary health care provider and with the assistance of a qualified nutritionist or registered dietitian. (See 45 CFR 1304.52(d)(3) on the qualifications of content area experts in nutrition.)

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Performance Standard 1304.23(b)(1)(i)

(i) All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.

Related Information: See 7 CFR Parts 210, 220 and 226 for information on USDA meal pattern requirements.

Guidance: The USDA Child and Adult Care Food Program (CACFP) is the primary source of reimbursement for meals for Head Start children. Therefore, agencies need to know about any changes in the CACFP program. Currently, agencies can claim reimbursement from CACFP for a daily maximum of two meals and one snack, or two snacks and one meal, for each enrolled child in attendance.

For individual children with special medical or dietary needs, substitutions can be made in meal patterns without approval from the USDA, if a supporting statement signed by a recognized medical authority is on file, and if that statement specifies how each child's diet is restricted and which foods provided by the program or the parents must be substituted. The USDA requires agencies to make substitutions or modifications in the standard meal patterns for children who are unable to consume program meals due to mental or physical disabilities that limit one or more major life activities.

Children who arrive early, stay late, or simply are hungry may require an additional snack or meal. If the CACFP or other funding sources will not provide reimbursement, Head Start funds may be used. For example, a child who arrives at a migrant program at 4 a.m. may require and, therefore, is provided with a nutritious snack before breakfast. In such cases, Head Start funds may be used as the dollars of last resort.

Performance Standard 1304.23(b)(1)(ii)

(ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day.

Related Information: See 45 CFR 1304.23(b)(1)(iv) for information on introducing new foods to children, and 7 CFR 226.20 for Child and Adult Care Food Program (CACFP) meal requirements and 45 CFR 1304.23(b)(2) and 1306.33 for requirements in the home-based program options.

Guidance: The Recommended Dietary Allowances (RDAs) of the National Research Council of the National Academy of Sciences are used to establish the nutritional needs of children. Analyses of nutrients in food served and Nutrition Facts Labels on most processed foods can be compared to the RDAs, as a cross-check to ensure that one-third of the nutritional needs of children in part-day programs, and one-half to two-thirds of the nutritional needs of children in full-day programs are met. Guidelines for the meal patterns of the Child and Adult Care Food Program (CACFP) provide a variety of options.

Use of cycle menus of three weeks or longer helps in formulating balanced and varied menus, as well as in planning purchase orders and work schedules. Before starting a new cycle of menus, children's acceptance of food items on the menu can be checked, so that changes can be made. Posting menus in the food preparation and dining areas and sending menus home to parents helps to facilitate the integration of nutrition activities, especially if such menus are designed to cover an entire food cycle. To keep staff, parents, and children informed of changes, substitutions are indicated on all menus.

Performance Standard 1304.23(b)(1)(iii)

(iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.

Related Information: See additional guidance under 45 CFR 1304.23(b)(1)(vi) for information on suggested breakfast foods. See 7 CFR 226.20 for CACFP breakfast requirements.

Guidance: Breakfast is generally served to children upon their arrival. If only a small number of children arrive without breakfast, morning snacks for all children may be supplemented with additional foods, so that the CACFP breakfast pattern is met. However, if a majority of the children come without breakfast, it may be more efficient to serve a family style breakfast to all children. Children who have already had breakfast, or who do not wish to eat, may choose an alternate activity.

If group socialization activities begin in the morning, agencies may serve breakfast to participants — and, if such activities are scheduled through lunch, lunch, too, may be served.

Performance Standard 1304.23(b)(1)(iv)

(iv) Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.

Related Information: For information on CACFP requirements, see 7 CFR Part 226. Similarly, 7 CFR, Parts 210 and 220, contains information to assist centers serving meals in accordance with the School Meal Initiatives for Healthy Children. See 45 CFR 1304.40(c)(3) for further information on breast feeding.

Guidance: Agencies other than school systems follow the CACFP meal patterns. School systems may follow the nutrition standards set forth in the School Meal Initiatives for Healthy Children, which prescribe nutrition standards, appropriate nutrient and calorie levels, and quantities of menu items and foods for different age groups.

Breast milk is the optimal food for infants, as it gives them complete nutrition in the first four to six months of life, continues to be an important nutrient source for the first year, and helps to provide them with resistance to infection. According to the American Academy of Pediatrics (AAP), the introduction of cow's milk, skim milk, 1 percent to 2 percent fat milk, and evaporated milk is not recommended in the first 12 months of life. The AAP recommends that children between age one and two receive whole cow's milk, instead of skim or 1 percent to 2 percent fat milk, unless recommended otherwise by the child's primary health care provider.

The introduction of solid foods is usually accomplished between four and seven months of age, depending upon each child's nutritional and developmental needs, and only after consultation with the parents and the primary health care provider. Until a child has reached the above ages, he or she is not able to completely digest solid food, and the neuromuscular skills needed for eating and swallowing solid foods are not yet well-developed. New foods, therefore, are introduced one at a time, at least one week apart, to make it easier to identify food allergies or intolerances.

Caregivers help toddlers become independent at meal times by encouraging them to select from a variety of acceptable foods, including those that represent cultural preferences. It also is helpful to cut their food into small pieces, as toddlers often swallow pieces of food whole. Head Start staff and the toddler's parents, in some cases with consultation and advice from a qualified nutritionist, registered dietitician, or health care provider, are responsible for what the toddler is offered, as well as where, when, and how food is served. The toddler, on the other hand, is responsible, within reason, for how much food she or he eats. Young children have a tendency to display daily variation in the kind and quantity of food consumed due to varying energy levels, differing stages of growth, and an emerging sense of independence. Therefore, meals do not need to be completely balanced each day. Rather, dietary intake should be balanced over a period of several days, or a week, to provide adequate nutrition. For that reason, documenting children's food consumption is an important part of staff members' ongoing observation of each child.

Although infants and toddlers may eat many different kinds of food, some foods pose a high risk of choking. Therefore, agencies avoid serving such foods, examples of which are:

- hot dogs or sausage rounds,
- whole grapes, hard raw vegetables and fruits, and uncooked dried fruit, including raisins,
- candy,
- whole nuts, beans, seeds or grain kernels,
- pretzels, chips, peanuts, and popcorn,
- marshmallows, chewing gum, and spoonfuls of peanut butter, and
- chunks of meat.

Some other foods also may pose health risks to children less than a year old, including honey, since it may contain a kind of botulism that is harmful to infants, and foods that can be highly allergenic, such as eggs and cow's milk.

Home visitors and other staff discuss with families the feeding stages of infants and toddlers and how families meet the special nutritional and feeding requirements of the youngest children. The CACFP infant and toddler meal patterns are discussed and used as a guide for parents to serve appropriate quantities and varieties of food at home.

Performance Standard

1304.23(b)(1)(v)

(v) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.

Related Information: For information related to the Child and Adult Care Food Program and the School Meal Initiatives nutrition standards and patterns, see the guidance under 45 CFR 1304.23(b)(1)(i) and (ii).

Guidance: Home visitors and other staff discuss with families the USDA/HHS Dietary Guidelines for Americans and the USDA Food Guide Pyramid, as well as means of ensuring that meals and snacks conform to those recommendations (such as reviewing the Nutrition Facts Labels on most processed foods). In developing menus that follow the USDA/HHS guidelines, staff include foods traditional to the culture of the families served, to demonstrate how to incorporate the guidelines into everyday meal planning and preparation. Snacks also are an important source of nutrition for young children, and are used to supplement nutritional needs that may not be met through regular meals.

Performance Standard

1304.23(b)(1)(vi)

(vi) For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.

Guidance: Some foods, such as cheese and other milk products, are actually considered protective for teeth, and are offered frequently to children as part of meals and snacks. However, sweet and sticky foods are used in moderation, especially those high in refined sugars. Studies have shown that eating sweets and other refined carbohydrates causes tooth decay, because such foods continue to produce harmful acid over a long period of time. It is important to remember that the frequency, rather than the amount, of the food eaten is an important factor in whether or not tooth decay will occur. If foods high in sugar are served, they are offered at the end of meals, when experts say the acid environment in the mouth is lower, in order to help reduce the risk of tooth decay.

Suggestions for moderating the amount of fat, sugar, and salt in everyday meals include:

- Providing low-fat milk and cheese for children older than two years of age;
- Reducing salt in cooking;
- Avoiding adding sugar to cereals by sweetening them with fresh fruit, substituting applesauce for maple syrup on pancakes, and eliminating the use of fatty breakfast meats; increasing the use of low-fat, whole grain muffins and bagels, fruit pancakes, and fruit shakes;
- Serving full-strength, (100 percent) fruit juice, rather than drinks called fruit juice drinks, as the latter have added sugar and are less than 100 percent juice; and
- Avoiding the placement of additional sugar, salt, butter, or margarine on tables.

The use of foods high in fats, especially saturated fats (which raise cholesterol levels), should be gradually reduced, although some fat in the diet is essential for good health, especially in young children. The USDA/HHS Dietary Guidelines for Americans recommends the gradual reduction of fat to no more than 30 percent of calories for children between 2 and 5 years of age. As children begin to consume fewer calories from fat, those calories are replaced with more grain products, fruits, vegetables, and low-fat milk products or other calcium-rich foods, as well as with beans, lean meat, poultry, fish, or other protein-rich foods.

Performance Standard 1304.23(b)(1)(vii)

(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible or at appropriate intervals.

Related Information: For specific information on the proper method of storing and handling breast milk and formula, see 45 CFR 1304.23(e)(2).

Guidance: Feeding on demand is the best way to meet an infant's nutritional and emotional needs. In addition, feeding on demand helps infants to develop trust and a feeling of security. However, feeding on demand does not mean offering food every time an infant shows signs of discomfort. A crying infant may want attention and interaction or sleep, and not food.

When the individual needs of a particular child vary from expected eating patterns, eating too much or too little, for example, staff should consult with the child's parents, and a qualified nutritionist, registered dietitian, or other health professional before establishing a new feeding pattern. Children should never be forced to eat at home or in the program setting.. However, since individual children's food preferences and eating patterns may vary dramatically, both staff and parents can benefit from information and training about ways to encourage good eating habits in all children.

Nutritious snacks often provide an important part of a child's daily food intake. For older children, agencies may wish to keep snacks, such as fruit, peanut butter, vegetable sticks, and whole grain products, available at all times, so that hungry children can select nutritious food for snacks. Snacks also may be provided to children on field trips, group socializations, health clinic visits, or during other, off-site experiences.

Performance Standard 1304.23(b)(2)

(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).

Guidance: Home visitors and parents plan and conduct food preparation and nutrition education experiences during group socializations on a regular basis. Such times also may be used to discuss nutrition issues with parents, such as ways to:

- Plan menus;
- Budget meals;
- Recognize hunger in infants and young children;
- Encourage healthy eating patterns in children;
- Broaden children's tastes in good food, as well as their food preferences;
- Balance good nutrition with physical activity;

- Limit fat, sugars, and salt in children's diets, when appropriate; and
- Honor and respect cultural, religious, ethical, and personal food preferences.

Performance Standard

1304.23(b)(3)

(3) Staff must promote effective dental hygiene among children in conjunction with meals.

Related Information: For further guidance on baby bottle tooth decay (infant dental caries), see 45 CFR 1304.23(c)(5).

Guidance: Effective dental hygiene practices differ according to the age and developmental level of the child. Guidelines for toothbrushing and good dental hygiene follow:

- Infant teeth are cleaned, beginning with the eruption of the first tooth at about five or six months of age. Use a gauze pad for infants less than one, and switch to a toothbrush at one year of age. Use only water to clean teeth (not toothpaste), since an infant will likely swallow the toothpaste. When a toddler is able to spit toothpaste out without swallowing it, an adult begins brushing the child's teeth twice a day with a small amount of fluoridated toothpaste;
- Staff and parents are educated about proper ways to prevent baby-bottle tooth decay and other early childhood cavities;
- Proper care of teething toys is considered part of dental hygiene, as toys need to be kept clean and never shared;
- Each preschool child is taught to brush his or her own teeth with a "pea-size" amount of fluoridated toothpaste. Staff supervise toothbrushing after each meal, ensuring that
    - — Each child has his or her own toothbrush, labeled by name, so that toothbrushes are never shared;
    - — Toothbrushes are stored so they stay clean and open to circulating air, and so that the bristles do not touch any surface, including another toothbrush. Agencies follow Health Services Advisory Committee recommendations regarding the proper storage and disposal of toothbrushes;
    - — Toothbrushes are replaced when the bristles become bent, and at least every three months. They are never decontaminated. Rather, contaminated toothbrushes are always discarded to control the spread of infection or illness; and
    - — Children are taught proper toothbrushing techniques, and children with disabilities are supported with any needed adaptations.
- When brushing after meals is not possible (e.g., on a field trip), children may be offered drinking water, as rinsing with water helps to remove particles from teeth and prevent cavities; and

- Staff serve as role models by brushing their own teeth after meals.

Staff encourage and assist parents in scheduling dental appointments, as a part of the schedule of well child care described in 45 CFR 1304.20(a)(1)(ii). Dental appointments also provide an opportunity for parents to discuss with their dental health professional such issues as the use of fluorides and dental sealants.

Performance Standard

1304.23(b)(4)

(4) Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.

Guidance: Involving parents in the nutrition program and related activities is accomplished in a variety of ways. For example, parents are encouraged to participate in program nutrition activities by:

- Planning menus;
- Assisting with classroom nutrition activities;
- Assisting with dental hygiene activities;
- Serving as volunteers or staff for food service activities; and
- Reviewing the nutrition program on an ongoing basis

Staff send menus home with children (in the parents' preferred language, whenever possible), so that parents are aware of the meals and snacks planned for their children.

Many agencies are resources for additional funding, equipment, food, or professional guidance and resources that support a high quality nutrition program. Such agencies will be identified in the Community Assessment, and include some of the following organizations:

- USDA child nutrition programs, such as the Child and Adult Care Food Program (CACFP) and the Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- State Nutrition Education and Training Program (NET) Coordinators in State health or education departments or the (State) Cooperative Extension Service; and
- Professional and trade organizations, such as the American Dietetic Association, American Home Economics Association, American Academy of Pediatrics, American Dental Association, and Society for Nutrition Education.

Representatives from these groups are invited to speak with parents and staff, serve on the Health Services Advisory Committee, and help in accessing resources. Head Start staff work closely with parents and community agencies who provide food (where licensing agencies permit it) to make certain that donated foods are healthy and are compatible with the Head Start nutrition philosophy.

Performance Standard 1304.23(c)

(c) Meal service.

Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:

Rationale: Food-related activities and leisurely meal times provide opportunities for the development of positive attitudes toward healthy foods; for decision-making, sharing, communicating with others; and for the development of muscle control and eye-hand coordination. Children also learn appropriate eating patterns and meal time behavior when they observe adult behavior at family style meals. Children who are forced to eat, or for whom food is used to modify behavior, may develop unpleasant or undesirable food associations. *This rationale serves 45 CFR 1304.23(c)-(c)(4).*

Related Information: See 45 CFR 1304.53(b)(1)(iii) for information on child-sized furniture and equipment. See 45 CFR 1304.23(c)(4) and (c)(5) for information on the important role of nutritional services in supporting the development and socialization of infants and toddlers.

Guidance: Meal times provide a range of opportunities that support the development and socialization of children. Suggestions for making the most of such opportunities include:

- Serving meals in a pleasant, well-lit, and ventilated area that encourages socialization;
- Considering how food-related activities can support and enhance each child's social, emotional, cognitive, and physical skills and abilities. For example, agencies provide child-sized furniture and utensils, wherever possible; and
- Involving families in food preparation and meal time activities at the program, and discussing ways to use such activities as learning opportunities in the home.

Performance Standard 1304.23(c)(1)

(1) A variety of food is served which broadens each child's food experiences;

Related Information: See 45 CFR 1304.23(b)(1)(iv) for information on introducing foods to infants and toddlers.

Guidance: Suggested ways to broaden food experiences include:

- A small amount of one new food is offered along with a meal of familiar foods;
- Children are prepared for the new food through activities in the program setting or through a home visit, such as reading stories about the food, shopping for the food, helping in its preparation, and perhaps, actually growing food or seeing it grow in a garden;
- Snack time is used to introduce a new food; and
- Agencies explore various ways a food item is prepared and served in different cultures. For example, different people prepare bread in many different ways (tortillas, biscuits, pita, bagels, fry bread, oven bread, and soda bread).

Home visitors and other staff support these efforts by discussing with families ideas for new meals and foods the family could try. Home visitors also can plan food preparation activities with parents to conduct with children in the home on a regular basis. Agencies may be able to obtain food supplies from local food banks for such activities.

Performance Standard

1304.23(c)(2)

(2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;

Guidance: Understanding and accepting that a child may not eat the same amount every day, or be hungry at the same time every day, helps to prevent feeding problems. If a child refuses food, staff and parents are encouraged to offer such food again at some future time. Children may require a number of exposures to a new food before they will accept it. Older children may accept a wider variety of foods. When introducing new foods, parents and staff should note that "pestering" the child is not an effective strategy. "Clean-plate clubs," "eating stars," and other gimmicks are not appropriate ways to encourage children to eat.

Performance Standard

1304.23(c)(3)

(3) Sufficient time is allowed for each child to eat;

Guidance: Relaxing meal times provide children many opportunities to learn. Although children can begin to serve themselves, family style, as soon as they come to the table, a leisurely meal pace is encouraged. Conversation at the table between children and adults helps set an appropriate pace for the meal, while at the same time establishing a pleasant environment. Slow eaters are allowed sufficient time to finish their food; and children who become restless before the meal is over may be allowed to get up and move around. For example, when finished, children take their plates to a cleaning area away from the table, and then are directed toward an alternative activity.

Performance Standard

1304.23(c)(4)

(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;

Related Information: See 45 CFR 1304.23(c)(5) for information on holding and interacting with infants during feeding. See 45 CFR 1304.53(b)(1)(iii) for information on child-sized furniture and utensils.

Guidance: Family style meals are implemented in a variety of ways. For example, children and adults may prepare for the meal by clearing the table and setting places, sharing conversation during the meal, and cleaning up afterwards. In some cases, children and adults serve and pass food among themselves. In the event that classroom staff are unable to have their meals at the same time as the children, other designated staff members may eat and converse with the children at meal times. In all cases, children are seated when eating and each child makes his or her own food choices based on individual appetites and preferences.

During meal times, adults encourage interesting and pleasant table conversation across a variety of topics, not only subjects related to food and nutrition. Some methods for facilitating meal time discussions include:

- Asking open-ended questions, modeling good listening skills, and encouraging turn-taking in conversation; and

- Encouraging children to compare, contrast, and classify food attributes, such as taste, texture, shape, size, and color.

Staff set good examples by demonstrating a positive attitude toward all foods served. If a staff member or child is on a special diet, this can be explained and used as a positive learning experience. Staff also are sensitive to family customs that do not encourage children to participate in meal conversations.

Classroom staff may invite other staff (e.g., cooks), parents, and other volunteers to join the children at meal times. (See 45 CFR 1304.23(b)(1)(i) for a discussion of allowable costs for food services.)

When high chairs are used for older infants and toddlers, staff securely strap in the children, rather than rely upon high-chair trays for restraint. Whenever possible, children in high chairs are pulled up to the table, to include them in family style meals.

Performance Standard 1304.23(c)(5)

(5) Infants are held while being fed and are not laid down to sleep with a bottle;

Rationale: It is important to hold infants and to establish eye contact while feeding them, in order to enhance bonding and to establish a sense of security. The practice of giving infants a bottle when lying down to rest is dangerous, as it may lead to choking, ear infections, or dental problems such as baby bottle tooth decay (infant dental caries).

Related Information: See 45 CFR 1304.21(b)(1)(ii) for information on trust and emotional security.

Guidance: The growth and development of children during their first year of life requires many changes and adaptations with regard to feeding. Staff and parents help infants have a positive experience by feeding them in a relaxed setting and at a leisurely pace. If possible, breast feeding mothers are encouraged to come to the program setting to feed their children.

Staff and parents use the following techniques for feeding infants:

- Wash hands with soap and water before feeding;
- Find a comfortable place for feeding;
- Hold the infant in their arms or on their lap during feeding, with the infant in a semi-sitting position, with the head tilted slightly forward and slightly higher than the rest of the body, and supported by the person feeding the infant;
- Communicate and interact with the infant in a calm, relaxed, and loving manner, by cuddling and talking gently;
- Hold the bottle still, and at an angle, so that at all times the end of the bottle near the nipple is filled with liquid and not air;
- Ensure that the liquid flows from the bottle properly by checking that the nipple hole is of an appropriate size; and

- Burp the infant at any natural break during, and at the end of, a feeding.

Infant cereal is served with a spoon, unless there is a medical reason for some other approach.

As children grow older, they may prefer to hold their own bottles, and may do so while in an adult's arms or lap, or while sitting in a high chair or similar chair.

Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles with them for long periods during the day. Parents and staff are taught that breast feeding also may cause baby bottle tooth decay (infant dental caries).

Older infants do not need to be held when eating solid foods. Instead, they may sit in a high chair or other chair scaled to size. It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize the risk of choking.

Performance Standard 1304.23(c)(6)

(6) Medically-based diets or other dietary requirements are accommodated; and

Rationale: Accommodating special diets or dietary requirements ensures that a child's health will not be jeopardized and that individual needs are met.

Guidance: Discussions between other staff and parents provide many opportunities to review any special diets or dietary requirements identified through regular assessments or other medical testing. Staff and parents work together to develop ways to incorporate special dietary needs into the regular menu. They also consult with others, such as a child nutrition specialist or a registered dietitian, to help plan meals for children with special diets. In addition, staff and parents explore ways to make children with special diets feel comfortable, and, to the highest degree possible, included in all meal time activities.

In Head Start programs providing meal services, staff modify or supplement individual children's diets only at the written direction of both the child's parents and the health care providers. All staff are trained in agency procedures for feeding children with food allergies or other special dietary concerns, as well as in emergency procedures.

Performance Standard 1304.23(c)(7)

(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

Rationale: Involvement in age-appropriate, food-related nutrition education activities fosters thinking skills, the development of large and small motor skills, a positive attitude toward food, and positive attitudes toward achievement and cooperation.

Related Information: See 45 CFR 1304.21(c)(1)(iii) on integrating educational aspects of nutrition services into program activities.

Guidance: There are many ways to involve children of all ages in the preparation of food and other food-related activities. Children are encouraged, for example, to select activities in which they would like to be involved, such as shopping for food, setting the table, serving food to others and to one's self, cleaning up, and making place mats and table centerpieces. Food-related activities also are coordinated with nutrition education to reinforce ideas about how food contributes to good health. These coordinated lessons and activities can be conducted through the joint involvement of teachers, home visitors, food service staff, and parents.

When developmentally ready, children are allowed and encouraged to help with certain kinds of food preparation. Activities, such as making cream into butter, provide a multitude of language experiences, and develop thinking skills, as teachers encourage children to guess, observe, and draw conclusions about what they experience. Food preparation activities are always safe and are conducted in accordance with State, Tribal, or local regulations.

Performance Standard 1304.23(d)

(d) Family assistance with nutrition.

Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

Rationale: Parent education opportunities can offer parents new skills and ideas for providing nutritious meals at home.

Related Information: See 45 CFR 1304.40(f)(3) for further guidance on providing a nutrition education program for parents.

Guidance: On a regular basis, home visitors and other staff assist parents in developing food preparation techniques and in increasing their knowledge about nutrition-related skills by:

- Taking into account the child's nutritional needs and the parents' understanding of nutritional issues;
- Providing parents with information regarding the selection and preparation of foods and menus;
- Guiding parents in home and money management and smart consumer techniques;
- Sharing information about the USDA/HHS *Dietary Guidelines for Americans*, the USDA Food Guide Pyramid, and Nutrition Facts Labels on commercially prepared foods;
- Encouraging parents to discuss nutritional issues with one another; and
- Serving nutritious food at parent functions.

Performance Standard

1304.23(e)(1)

(e) Food safety and sanitation.

(1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal, or local laws.

Rationale: Compliance with food safety and sanitation measures protects the health and safety of everyone.

Guidance: Local or State sanitation departments in health agencies are helpful in providing ideas on ways to meet sanitation standards. However, some States do not send inspectors to Head Start facilities to check compliance with local and State standards. In such situations, designated program personnel with a knowledge of sanitation laws and regulations can check compliance on a quarterly basis, and be responsible for the correction of any existing violations. American Indian grantees may request the Indian Health Service's Office of Environmental Health Services or Tribal sanitation departments to inspect all Head Start facilities on a quarterly basis. Written evidence of State, Tribal, and self-inspections should be kept on file.

In order to assure the maintenance of food sanitation standards, agencies conduct self-inspections on a quarterly basis. The resulting self-inspection reports address the following areas:

- the cleanliness and safety of food before, during, and after preparation, including maintenance of correct food temperature;
- food handling practices;
- the dish washing procedures and equipment;
- insect and rodent control (see 45 CFR 1304.53(a)(10)(viii));
- the cleanliness and maintenance of food preparation, service, storage, and delivery areas and equipment (see 45 CFR 1304.53(a)(10)(viii));
- the water supply (see 45 CFR 1304.53(a)(10)(xiii));
- garbage disposal methods (see 45 CFR 1304.53(a)(10)(xvi)); and
- health of food service personnel (see 45 CFR 1304.52(j)(1)).

If an outside vendor provides food, agencies receive regular reports on safety and sanitation related to food handling. Such reports indicate whether or not food service contractors have met certain required codes, that vehicles used for transporting and holding food are insulated, and that food transportation equipment is sanitized.

Performance Standard

1304.23(e)(2)

(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.

Rationale: Proper storage and handling of breast milk and infant formula is necessary to prevent spoilage, to minimize bacterial growth, and to ensure that each infant receives his or her own mother's milk or the correct brand of formula.

Related Information: See 45 CFR 1304.40(c)(3) on the benefits of breast feeding and agency support of nursing mothers.

Guidance: All bottles of breast milk and formula are refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately.

Staff and parents work together to ensure that all containers of breast milk and formula are dated, clearly labeled with the child's name, and used only for the intended child. Unused breast milk and formula are discarded after 48 hours, if refrigerated, or after 3 months, if frozen. Frozen breast milk and formula is thawed in running, warm water, or in the refrigerator. Once frozen breast milk thaws, it is used within 24 hours, and is never refrozen.

If breast milk or formula is to be warmed, bottles may be placed in a pan of hot, not boiling water for five minutes, after which the bottle is shaken well and the milk temperature tested on the preparer's wrist before feeding. Bottles of formula or breast milk are never warmed in a microwave oven, since microwaves heat unevenly and may cause severe burning. To avoid spoilage, avoid warming bottles of formula or breast milk at room temperature, or in warm water, for extended periods.

Home visitors and other staff work with parents to find safe methods for storing and handling breast milk and infant formula in both home and program environments, and for transporting breast milk, as needed.

1304.24

Child Mental Health

(a) Mental Health Services

INTRODUCTION TO 1304.24

Head Start embraces a vision of mental wellness. The objective of 45 CFR 1304.24 is to build collaborative relationships among children, families, staff, mental health professionals, and the larger community, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.

The Child Mental Health standards, 45 CFR 1304.24(a), cover working collaboratively with parents, securing the services of mental health professionals, and developing a regular schedule of on-site mental health consultations involving mental health professionals, program staff, and parents.

Performance Standard

1304.24(a)(1)(i)

(a) Mental health services.

(1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by:

(i) Soliciting parental information, observations, and concerns about their child's mental health;

Rationale: Anticipating and understanding a child's behavior and development helps parents and staff respond in a manner more likely to enhance the child's development. *This rationale serves 1304.24(a)(1)(i)-(iv).*

Related Information: See 45 CFR 1304.51(g) for information on agency confidentiality policies. See 45 CFR 1304.40(b)(1)(ii) on accessing community mental health services for the family.

Guidance: Staff communication with parents draws upon parents' knowledge of their child's development, and respects their parenting strengths, values, culture, and childrearing approach. Relevant information shared in the family partnership agreement process, or drawn from the child's records, is incorporated into discussions. Communication about a child's mental health can occur through formal and informal opportunities, such as during home visits, staff-parent conferences, or parent meetings. For many families, issues related to mental health are sensitive ones, and must be approached with care. When staff take time, however, to establish rapport and to build trusting relationships with parents, the parents may learn to feel more comfortable discussing issues related to mental health.

Discussions between parents and staff focus on a variety of topics, including:

- developmental and cognitive phases, and typical behaviors or concerns associated with each phase,
- the child's special interests, needs, and strengths,
- any changes in the child's behavior, mood, or physical appearance which may reflect recent experiences, and
- any information on health conditions that may influence the child's behavior.

The information drawn from these discussions is used to help individualize services for each child.

When appropriate, a mental health professional is consulted to discuss a particular concern with parents and staff.

Performance Standard 1304.24(a)(1)(ii)

(ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;

Related Information: See 45 CFR 1304.21(b)(1) about the development of secure relationships, particularly 45 CFR 1304.21(b)(1)(i) as it relates to attachment issues.

Guidance: Staff have many opportunities to exchange information with parents on child development and growth. In formal and informal settings, information on the following topics can be presented.

- **The typical development of young children.** Information provided to parents helps them understand some behaviors that they may view as problematic, such as attention seeking and saying "no," as part of a temporary phase that plays a positive role in the child's development.
- **The development of individual children.** When parents and staff understand and respect each child's particular abilities and temperament, undue pressure on both parents and children can be avoided. For example, some children develop motor skills faster than their peers, while others are able to control strong feelings at an earlier age than most. Training and information can help parents and staff recognize when each child is ready to achieve a particular skill or needs special help.
- **Supporting parenting in the first few months following a birth.** This period may be a time of stress, as parents adjust to new roles and cope with challenges such as limited sleep. Enlisting a family member or finding someone who can assist new parents with the care of their new baby and with other household responsibilities can ease this transition.
- **Recognizing and understanding behavior that is an expression of their child's response to a stressful situation.** It is helpful to understand that sudden changes in a child's behavior may be the child's response to a stressful situation.
- **Ways to assist parents in helping children deal with separation issues.** To help the child during separation, encourage parents to spend time in the facility with their child; bring tangible reminders of home and family, such as a favorite toy or photos; assist the child to play out themes of separation and reunion; and reassure the child about his or her parents' return. Parents, too, may experience anxiety over separation from their children. Staff help parents with such separation anxiety by validating their feelings, and by encouraging parent participation in the program.
- **Attachment issues.** To facilitate secure relationships and attachments to adult caregivers, consistent care from a

small number of adults is advised. Agencies arrange for the same teacher to remain with the infant or toddler for the longest possible time in the program.

Performance Standard

1304.24(a)(1)(iii)

(iii) Discussing and identifying with parents appropriate responses to their child's behaviors;

Related Information: See 45 CFR 1304.21(a)(3)(i)(C) and (D) about setting clear limits and respecting others, and 45 CFR 1304.52(h)(1)(iv) on using positive methods of child guidance.

Guidance: Staff and parents share positive approaches they employ to respond to a child's behavior. Staff responses to parent inquiries provide an opportunity to explore and to model alternative approaches and techniques.

The behaviors that adults demonstrate are those which will be internalized and emulated by children. Staff discuss with parents the fact that parenting, while most often a fulfilling experience, also can be difficult and stressful, and that a parent's response to stress, just like responses to other behaviors, will be imitated by children. Training and information about age-appropriate behaviors and varying individual temperaments helps parents and staff both to determine appropriate responses and to model those behaviors. For such reasons, the following should be kept in mind:

- **Developmental changes.** Healthy social and emotional development depends upon how children view themselves, as well as the extent to which they feel valued by others. When adults have realistic expectations about a child's behavior, they respond with a variety of interventions that set constructive limits and help children to achieve self discipline. Providing children opportunities to succeed lays the foundation for healthy development.
- **Environment.** Day-to-day warmth and responsiveness from staff and parents influences a child's ability to recognize and to act upon his or her feelings. A comfortable, safe, interactive environment increases a child's sense of competence and control.
- **Positive techniques of guidance.** Undesirable behaviors, while a normal part of growing up, should be discouraged or redirected. The following strategies reflect best practices for responding to inappropriate behaviors
  - — anticipation of and elimination of potential problems,
  - — redirecting a child away from a conflict or negative event to a more positive activity,
  - — offering the child choices among activities that are acceptable to parents,
  - — helping a child learn about the logical or natural consequences of their actions, and
  - — encouraging respect for the feelings and rights of others.

Positive techniques are more effective than competition, comparison, or criticism. Rather than attempting to "stop" a child's negative behavior, positive techniques help him or her to find and practice skills that will help now and in the future. It is for that reason that Head Start programs never use corporal punishment. Staff work with parents to help them understand the negative effects of corporal punishment on self-esteem, and to find alternatives in the home.

There are many differences of opinion about parenting, and there is no single "best way" to parent. It is important, however, that children receive consistent messages that are respectful of the child and of family values, customs, and traditions.

Performance Standard

1304.24(a)(1)(iv)

(iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;

Related Information: See 45 CFR 1304.21, Education and Early Child Development, and, in particular, standards (a)(1)(iii), (a)(3)(i)(A), (a)(3)(i)(D), (b)(1)(ii), (b)(2)(i), (c)(1)(iv), and (c)(1)(v), for additional information on supportive environments and nurturing relationships.

Guidance: When interacting with children, adults support the development of trust, self-esteem, and identity by expressing respect and affection toward the child and by demonstrating responsiveness to his or her experiences, ideas, and feelings. Examples of respectful and responsive behaviors, which depend upon the developmental level of the child, include:

- Smiling at the child;
- Quickly comforting an infant in distress; and
- Nodding at a toddler in need of reassurance.

Establishing a supportive environment also involves assisting children to become comfortable, relaxed, happy, and involved in play and other activities. Staff and parents help children deal with anger, sadness, and frustration by comforting them, identifying and reflecting on their feelings, and helping them to use words, instead of acts of anger, to solve problems and disputes.

Positive social behavior among children, such as cooperation, is fostered by adults through modeling, coaching, and encouraging, rather than through lecturing, criticism, and punishment.

Performance Standard

1304.24(a)(1)(v)

(v) Helping parents to better understand mental health issues; and

Rationale: Better understanding of mental health issues increases the likelihood that parents value and use the mental health information and services available to them. *This rationale serves 1304.24(a)(1)(v)-(vi).*

Related Information: See 45 CFR 1304.40(f)(4) on discussing mental health issues with parents.

Guidance: Agencies take a variety of steps to understand mental health issues, by:

- Providing opportunities for parents to learn about and participate in mental wellness activities;
- Providing access to mental health professionals through ongoing parent activities;
- Working with parents to develop support groups; and
- Helping parents access community mental health resources.

Performance Standard

1304.24(a)(1)(vi)

(vi) Supporting parents' participation in any needed mental health interventions.

Related Information: See 45 CFR 1304.40(f)(4)(iii) on parent involvement in planning and implementing any mental health interventions for their children.

Guidance: There are many ways that staff support parent participation in mental health interventions. Some of these include:

- Finding opportunities for parents to learn about the mental health professional, such as at the orientation for parents and at a variety of meetings and events throughout the year;
- Assisting parents to break down barriers to services, including
  - attending an orientation meeting with the mental health provider,
  - locating the transportation or child care needed to participate in services, and
  - finding assistance to pay for interventions; and
- Discussing the importance of interventions for the mental health of the entire family. Communicate to families that staff members are available to discuss mental health issues and to provide parents with information about how the program protects the confidentiality of the information they may choose to share.

Performance Standard 1304.24(a)(2)

(2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and

Rationale: When grantee and delegate agencies have an ongoing relationship with a mental health provider, or with a group of providers, they are better able to secure appropriate services in a regular and timely manner.

Related Information: See 45 CFR 1304.41(a)(2)(ii) for information on community partnerships with mental health providers. See 45 CFR 1304.52(d)(4) for additional information on mental health staff qualifications.

Guidance: Grantee and delegate agencies make arrangements for mental health professionals to be available to help the program. Mental health professionals represent a variety of disciplines, including, but not limited to:

- psychiatry,
- psychology,
- psychiatric nursing,
- marriage and family therapy,
- clinical social work,
- behavioral and developmental pediatrics, and
- mental health counseling.

Head Start agencies augment the services of mental health professionals with services from individuals with the backgrounds, skills, and interests that can support program goals for promoting mental health. By consulting with their mental health professionals, agencies can determine: which services may be provided only by licensed or certified mental health professionals; which activities may be provided under the supervision of such a mental health professional; and which activities do not require the direct supervision of the mental health professional, such as parent education groups.

Schedules need to be frequent enough to allow the mental health professional to become familiar with the needs of children requiring assistance, to provide information and consultation, and to help locate any needed treatment or service in a timely fashion.

Performance Standard 1304.24(a)(3)

(3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:

Rationale: Regularly scheduled mental health services help to ensure that day-to-day program practices promote mental health. *This rationale serves 1304.24(a)(3) and 1304.24(a)(3)(i).*

Guidance: See 45 CFR 1304.24(a)(3)(i)-(iv) for guidance on implementing this standard.

Performance Standard 1304.24(a)(3)(i)

(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;

Related Information: See 45 CFR 1304.20(b) on developmental screenings. See 45 CFR 1304.21(c)(2) about developing a program that supports individual children.

Guidance: Through a combination of planned activities and spontaneous interventions, the mental health professional assists staff and parents to help children practice skills that foster mentally healthy development.

Regular meetings with appropriate staff and parents provide the mental health professional with opportunities to:

- Develop and implement training on how to assess the child's strengths and needs, and on how to plan developmentally appropriate activities that are based upon valid findings;
- Make curricula enhancements. For many topics, such as reducing stress, resolving conflicts, and coping with violence, the mental health professional can provide recommendations on appropriate resources;
- Make recommendations on resources related to mental health education that would be helpful to home visitors and appropriate for group socialization activities;
- Implement practices responsive to infants and toddlers and their rapidly changing needs; and
- Hold periodic conferences with parents and staff to share ideas for supporting children who have been identified as needing special help.

Performance Standard 1304.24(a)(3)(ii)

(ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;

Rationale: A well-planned education program on mental health issues enables parents and staff to be supportive of children's mental wellness.

Related Information: See 45 CFR 1304.40(f)(4) on a mental health education program; and see 45 CFR 1304.21(c)(1)(iii) on integrating mental health education into program activities.

Guidance: Grantee and delegate agencies, with the assistance of mental health professionals, provide a variety of opportunities for parents and staff to learn about mental health issues, including specific guidance on how to seek help. Staff and parents are encouraged to seek individual assistance, either by scheduling an appointment or by participating in group education opportunities. Families and staff also are encouraged and supported in strengthening ties with each other, and with extended family members.

Parent group meetings provide excellent opportunities to discuss approaches that parents have found helpful in their efforts to meet their children's needs. Parents may, in turn, be helped by talking about their own experiences and by learning from one another, as well as by reading and listening to materials presented in workshops or during formal presentations by guest speakers. Parent group meetings also provide opportunities to include and seek guidance from extended family members or persons recognized as mentors by cultural tradition (e.g., Tribal elders and spiritual healers).

Information about mental wellness can focus on a wide variety of topics including:

- childrearing practices and concerns,
- childhood fears,
- helping children adjust to changes in family circumstances, and
- domestic violence.

Posting a schedule of agency visits by mental health provider(s) gives parents and staff the opportunity to speak with them in an informal manner.

Performance Standard

1304.24(a)(3)(iii)

(iii) Assist in providing special help for children with atypical behavior or development; and

Rationale: Because children with atypical development may present unfamiliar behaviors, parents and staff benefit from opportunities to discuss with the mental health professional ways of structuring the child's program and implementing strategies that will foster development.

Related Information: For further guidance on serving children with recognized disabilities, see 45 CFR 1304.20(f)(2), 45 CFR 1304.21(a)(1)(ii), 45 CFR 1308.19 and 45 CFR 1308.21.

Guidance: Mental health professionals provide information on and assistance with identifying situations that require treatment. Professionals also help make appropriate referrals, visit homes (to provide suggestions for modifying the home environment), observe classroom or group socialization experiences (to provide suggestions for modifying the program to meet the needs of the child), and support parents and staff in their efforts to help the child.

For some children who are recognized as having a disability, mental health professionals help parents and staff gain access to community agencies, to ensure that the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) is properly implemented. All work is performed in collaboration with the content area expert in disability services.

Performance Standard 1304.24(a)(3)(iv)

(iv) Utilize other community mental health resources, as needed.

Rationale: The mental health professional assists staff and families to make contact with and to take advantage of any and all existing resources that promote the healthy development of children.

Related Information: See 45 CFR 1304.41(a)(2)(ii) for information concerning community partnerships.

Guidance: The mental health professional who provides regular on-site consultations assists staff to locate providers for an individual child or family who would benefit from such services. The Health Services Advisory Committee also may be of assistance in locating community mental health resources.

In addition, the mental health professional assists agencies in accessing community resources by training staff in the referral process. This understanding of and knowledge about how to navigate the system can provide staff enhanced credibility with the involved agencies. In addition, the mental health professional acts as a liaison between the specific agency in question and the program, and advocates for the child and the family should the process slow down or become unsatisfactory.

A mental health professional, in accordance with the standards of ethical conduct for his or her practice, on occasion, may be required to decline providing services to a potential client to avoid a conflict of interest. In other cases, the professional may determine that the client's needs fall outside his or her scope of expertise. In both types of instances, the mental health professional can work with the agency to secure appropriate services through referrals.

SUBPART C — FAMILY AND COMMUNITY PARTNERSHIPS

1304.40

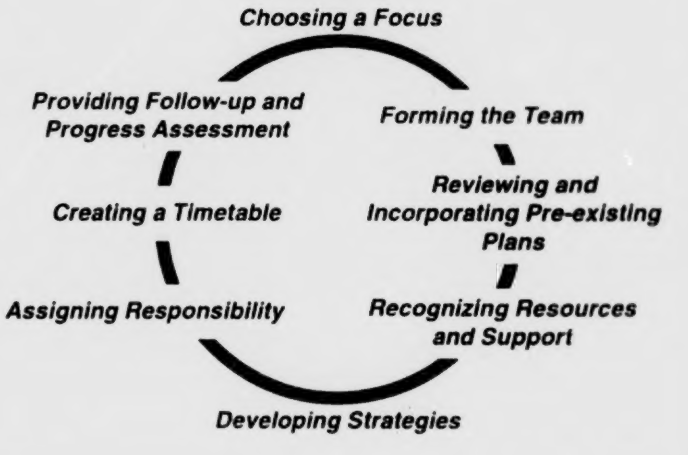
Family Partnerships

- **(a) Family Goal Setting**
- **(b) Accessing Community Services and Resources**
- **(c) Services to Pregnant Women who are Enrolled in Programs Serving Pregnant Women, Infants, and Toddlers**
- **(d) Parent Involvement - General**
- **(e) Parent Involvement in Child Development and Education**
- **(f) Parent Involvement in Health, Nutrition, and Mental Health Education**
- **(g) Parent Involvement in Community Advocacy**
- **(h) Parent Involvement in Transition Activities**
- **(i) Parent Involvement in Home Visits**

INTRODUCTION TO 1304.40

Head Start offers parents opportunities and support for growth, so that they can identify their own strengths, needs and interests, and find their own solutions. The objective of 45 CFR 1304.40 is to support parents as they identify and meet their own goals, nurture the development of their children in the context of their family and culture, and advocate for communities that are supportive of children and families of all cultures. The building of trusting, collaborative relationships between parents and staff allows them to share with and to learn from one another.

This section discusses family goal setting through the family partnership agreement process, access to community services and resources, services to pregnant women, and parent involvement across all areas of Head Start — including child development and education, health, nutrition, mental health education, community advocacy, transition practices, and home visits.



PARTNERSHIP PROCESS

Choosing a Focus
Forming the Team
Reviewing and Incorporating Pre-existing Plans
Recognizing Resources and Support
Developing Strategies
Assigning Responsibility
Creating a Timetable
Providing Follow-up and Progress Assessment

Performance Standard 1304.40(a)(1)

(a) Family goal setting.

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

Rationale: By working in a partnership that is driven by parents' identification of their family's strengths and needs, parents and staff determine how the program can support families in pursuing their goals. *This rationale serves 45 CFR 1304.40(a)(1)-(5).*

Guidance: Early establishment of a partnership process between parents and staff provides for the exchange of valuable information about the child and her or his family. Sensitivity to family privacy is important, however, as parents have the right to choose how much personal information to share, as well as if and how this information is recorded. The desire of agencies to collect information "up front," therefore, must be balanced against the necessity of allowing time for staff and families to develop meaningful one-on-one relationships. Early and frequent interaction and follow-up help build trusting relationships. Once such relationships are established, parents will be more likely to openly discuss issues that interest or concern them.

Performance Standard 1304.40(a)(2)

(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).

Related Information: See 45 CFR 1304.51(g) concerning record-keeping systems.

Guidance: The family partnership agreement process provides opportunities for families to set goals and to design an individualized approach for achieving those goals. Staff assist families, when they are ready, in identifying and defining goals in measurable terms, discussing what needs to be done to achieve these goals, and how the accomplishment of each goal will be determined.

The emphasis here is on the process of relationship building, and not on the agency's system of keeping family records. Because the family partnership agreement process is family driven, plans will vary across families, and, in some cases, may not be written documents. In order to help families document the agreement process and progress toward achievement of their goals, methods such as written plans, case notes, tape recordings or other means are used. In the case of families returning or moving from an earlier Head Start experience, the partnership process builds upon any existing agreement.

Performance Standard 1304.40(a)(3)

(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

Guidance: To facilitate efficient access to appropriate information, grantee and delegate agencies:

- Discuss with families other community agencies that are assisting them currently or have assisted them previously;
- Develop an approach to confidential information sharing that is sensitive to family privacy and endorsed by all human service agencies in the community; and
- Develop strategies with other community agencies to ensure that responsibility for delivering services to the family is shared properly.

When working with other community agencies or organizations that may appropriately have the lead in case management, the grantee or delegate agency does not require parents and staff to duplicate needlessly the process of developing family plans. Instead, it is more useful to support families in achieving the goals set in preexisting family plans. In such instances, the grantee or delegate agency documents its efforts to participate in the process of supporting the accomplishment of goals.

Performance Standard 1304.40(a)(4) & (5)

(4) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.

(5) Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.

Guidance: In collaboration with parents, staff develop a variety of group and individual opportunities to interact with parents on a regular basis. Interactions with families recognize the customs and beliefs of children and families. To develop meaningful relationships with families, agencies:

- Work with Parent Committees to plan and publicize an array of individual options and group activities;
- Include culturally relevant activities that interest both men and women;
- Plan activities at varying times of the day and week — such as at breakfast, at the end of the day, or on weekends — in order to encourage the participation of as many parents as possible;
- Develop alternative work schedules to allow staff to interact with working families during weekend events, such as picnics, religious and Tribal ceremonies, or other cultural events;
- Respect the uniqueness of each family, and train staff and volunteers to recognize that families differ across many dimensions, including language, family structure, religion, and educational and socioeconomic background;
- Maintain an annual calendar of culturally relevant dates, taking care not to acknowledge one group while possibly slighting another;

- Consider the needs of family members with disabilities when planning meetings and activities; and
- Honor the primary language of the family by enlisting the aid of bilingual and biculturally trained individuals who have experience with the cultures and languages of families.

Performance Standard

1304.40(b)(1)

(b) Accessing community services and resources.

(1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

Rationale: All families can benefit from access to community services and resources. *This rationale serves 45 CFR 1304.40(b)(1)-(2).*

Related Information: See 45 CFR 1304.40(b)(2) regarding follow-ups to service referrals, 45 CFR 1304.40(g)(1)(ii) on providing comprehensive information about community resources, and 45 CFR 1304.41(a)(2) on establishing collaborative relationships with community organizations.

Guidance: Because of the diversity of interests and needs of families, staff are familiar with the array of available services (and of the quality of such services). Agencies assist parents in learning how to identify and access community services in the following ways:

- Make appropriate references in the family partnership agreement process to community resources that are critical for accomplishing goals;
- Provide up-to-date resource directories, invite representatives from various community agencies to speak with individual families and at committee meetings, and maintain displays that include brochures and information sheets concerning community services;
- Assist in locating services, translators, and translations in the families' preferred languages; and
- Form partnerships with other community agencies to assist families to gain access to services and resources.

Performance Standard

1304.40(b)(1)(i)

(i) Emergency or crisis assistance in areas such as food, housing, clothing, and transportation;

Guidance: Families may require immediate assistance; and, agencies have clear policies and guidelines related to crisis intervention in order to address these needs. It is important to train staff in culturally sensitive, realistic crisis intervention techniques and procedures for referring families to appropriate resources in the community. Home visitors and other staff who provide services directly to families are able to identify signs of crisis, to make referrals that link families to appropriate services, and to support families during crisis periods, without building dependence.

Performance Standard

1304.40(b)(1)(ii)

(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and

Related Information: See 45 CFR 1304.24(a)(3)(iv) concerning community mental health resources, 45 CFR 1304.40(f) regarding mental health education programs, and 45 CFR 1304.41(a)(2)(ii) concerning community partnerships with mental health providers. Also, see 45 CFR 1301.31(e), Appendix A to 45 CFR 1301.31, and 45 CFR 1304.22(a)(5) concerning requirements for reporting child abuse and neglect, and 45 CFR 1304.52(k)(3) for related training.

Guidance: Agencies assist parents to form linkages with counseling programs that target specific mental health issues. Educational materials and opportunities to learn about mental health can be provided through brochures, bulletin boards, community resource and referral information, support groups, and by ensuring that well-informed staff are available to informally and confidentially discuss issues with children and families and to make appropriate referrals.

Mental health information to parents includes, but should not be limited to:

- prevention programs for at-risk families,
- help for other family members through such groups as Al-Anon and other support organizations,
- identification of resources relating to domestic violence, and
- information about local substance abuse treatment programs.

Performance Standard

1304.40(b)(1)(iii)

(iii) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

Guidance: Staff assist parents in identifying and securing access to continuing education, training, and employment opportunities by:

- Encouraging and assisting parents to participate in and keep a record of volunteer work and training activities, both inside and outside the Head Start community, particularly in areas that may lead to paying jobs;
- Providing information and referrals to education and training programs;
- Establishing a formal career path within the Head Start program;
- Forming partnerships with family literacy and adult education programs, training programs, and employment service programs; and
- Becoming a formal training or work site for welfare-to-work programs.

Performance Standard

1304.40(b)(2)

(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

Guidance: While Head Start staff and families are assessing the accomplishment of goals identified through the family partnership agreement process, they also discuss the level of family satisfaction with the services they receive. To determine such satisfaction (or lack of satisfaction), staff may ask parents to discuss questions such as:

- Did the services match your family's individual needs and expectations?
- Did the service agency treat you with understanding and respect?
- What problems, if any, did you encounter at the agency?
- Do you have suggestions for what Head Start staff could do to improve the process of referring families to services?

By accompanying parents to community agencies on a periodic basis, staff can see for themselves whether or not families are receiving the requested services, and whether the referral process needs to be improved.

Performance Standard 1304.40(c)(1)(i), (ii) & (iii)

(c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

Related Information: See 45 CFR 1304.40(f) concerning health, nutrition, and mental health education; and see 45 CFR 1304.24(a)(1)(vi) for additional guidance on supporting parents' participation in any mental health interventions.

Guidance: As staff serve as advocates and liaisons between pregnant women and service providers, their role includes:

- Educating pregnant and breast feeding women through brochures, bulletin boards, discussions, and other means about proper health and nutrition and about the effects of substance abuse on fetal development;
- Explaining how inadequate nutrition leads to the delivery of low birthweight babies, and assisting families to access and to enroll in assistance agencies, such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Encouraging expectant parents to keep all prenatal appointments and to attend all childbirth classes. Staff encourage the participation of fathers, while remaining sensitive to the cultural backgrounds of families;
- Working with the Health Services Advisory Committee to develop linkages in the community that assist pregnant women;
- Discussing with parents the need to be prepared to provide information to health care providers about genetic, environmental and other health risks;
- Helping expectant parents to identify family and cultural support networks that may provide support and assistance;
- Establishing a support group for new and expectant parents;
- Developing and making available a list of substance abuse treatment programs, including those that work with pregnant women; and
- Identifying resources to meet day-to-day needs, such as baby clothing and diapers.

Performance Standard

1304.40(c)(2)

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and post-partum recovery (including maternal depression).

Guidance: Both mothers and fathers, as well as any other family members responsible for infant care, are encouraged to learn about fetal development and proper postpartum care. Such education and information includes:

- basic knowledge about fetal development,
- risks to the fetus that may occur during pregnancy, such as effects from alcohol, smoking, and other toxic substances,
- what to expect during labor and delivery, and encouragement for families to attend childbirth classes. Agencies may make arrangements for staff or volunteers interested in training as labor support persons to be with parents during labor and delivery,
- what to expect during postpartum recovery, including the possibility of maternal depression, and
- a schedule of community-based parenting classes and support groups, or parenting classes at the program.

All Head Start agencies are expected to include maternal and child health topics in the health education programs required by 45 CFR 1304.40(f), and are expected to encourage pregnant women to secure access to comprehensive prenatal and postpartum care.

Performance Standard

1304.40(c)(3)

(3) Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as necessary.

Related Information: See 45 CFR 1304.23(b)(1)(iv) on nutrition needs of infants and toddlers, and 45 CFR 1304.23(e)(2) on facilities for the storage of breast milk.

Guidance: It is important to respect each mother's decision concerning whether or not to breast feed, and to be sensitive to cultural differences that may affect that decision. Agencies serving pregnant women, infants, and toddlers support those mothers who choose to breast feed by:

- Conveying a positive attitude toward breast feeding in orientation and educational programs, and in culturally appropriate materials for mothers;
- Designating a quiet, comfortable, and private place where mothers may nurse their infants;
- Providing mothers with necessary fluids and nutritious snacks; and
- Training staff to serve as lactation (breast feeding) consultants.

Performance Standard

1304.40(d)(1)

(d) Parent involvement — general.

(1) In addition to involving parents in program policy-making and operations (see 45 CFR 1304.50), grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs.

Rationale: Parent participation in the design of activities and experiences that will assist in expanding parental strengths and interests is essential. By welcoming parents during all program hours, agencies demonstrate respect for them as the primary educators of their children. Observation of children and participation in group activities also provide parents with opportunities to learn how programs operate and to see how their child is learning and growing. *This rationale serves 45 CFR 1304.40(d)(1)-(3).*

Guidance: Establishing a process through which parents and staff jointly determine the activities to be developed leads to more meaningful parent involvement. Together, parents and staff decide what roles parents and other community agencies play in assisting staff to plan and implement activities consistent with parents' needs and interests, and with the cultural and linguistic diversity of the families (see 45 CFR 1304.40(a)(5)).

Performance Standard

1304.40(d)(2)

(2) Early Head Start and Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment.

Related Information: See 45 CFR 1306.33(b) for parental participation requirements in home-based programs.

Guidance: The program staff welcome parents and communicate the importance of parental participation to the success of the Head Start experience by:

- Maintaining an environment in which all family members are welcome at all times — men as well as women, and members of extended and non-traditional families. Visual cues, such as pictures and posters, indicate to fathers and extended family members that they are welcome;
- Informing parents of the different volunteer roles and parental involvement opportunities that are available. Parents participate in classrooms, on field trips, in community events, in supporting program operations, and by preparing materials at home; and
- Arranging opportunities for parent participation that take into account parental work, education, or training schedules, as well as family obligations.

Performance Standard 1304.40(d)(3)

(3) Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers (see 45 CFR 1304.52(b)(3) for additional requirements about hiring parents).

Related Information: See 45 CFR 1304.52(b)(3) regarding the requirement that parents be given priority for employment in positions for which they are qualified.

Guidance: Through the development of an ongoing volunteer program, agencies place parents in positions that match their interests, abilities, and time availability, and that provide opportunities to add to their job skills and experience. Agencies assign a person the duties of coordinating and supporting volunteers. It is important to develop a diverse array of volunteer opportunities that span many areas of the program.

To recruit parents as employees, agencies post program job vacancies in newsletters and on bulletin boards in locations such as churches, schools, clinics, laundromats, libraries, and stores.

Ways to assist parents to qualify for employment in Head Start include:

- Selecting parents as substitute classroom aides;
- Establishing on-site training classes offered by local institutions; and
- Providing evening and weekend sessions on developing job-readiness and job skills.

Performance Standard 1304.40(e)(1)

(e) Parent involvement in child development and education.

(1) Grantee and delegate agencies must provide opportunities to include parents in the development of the program's curriculum and approach to child development and education (see 45 CFR 1304.3(a)(5) for a definition of curriculum).

Rationale: Parental involvement in the program's approach to child development and education enhances the ability of parents and staff to work together to support each child's growth and learning in the home and program environments. Parents who understand how children grow and develop usually are more responsive to their children's needs, and are better able to support child development. Parental involvement also provides parents with opportunities to share knowledge about their children so that staff can individualize the program to support each child's individual pattern of development and learning. *This rationale serves 45 CFR 1304.40(e)(1)-(5).*

Related Information: See 45 CFR 1304.21(a)(2) on involving parents in planning activities for the child development and education program, and 45 CFR 1304.21(c)(1) on implementing a curriculum.

Guidance: Some suggestions for involving parents in the ongoing process of individualizing and developing the program's approach to child development and learning follow:

- Develop a process for parents to make suggestions, individually or in groups, on such topics as goals and activities for children, what staff and parents can do to help children achieve developmental and educational goals, and the relevance of the curriculum to the culture and language of enrolled families;

- Provide parents and staff with information and training on developmentally appropriate practices;
- Provide opportunities for parents, community members, and early childhood professionals to serve on education committees and subcommittees; and
- Involve parents in planning classroom and home activities in areas such as art and music experiences, field trips, storytelling, and preparation of foods particular to their various cultures.

Performance Standard 1304.40(e)(2)

(2) Grantee and delegate agencies operating home-based program options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children.

Guidance: When home visitors and other staff work with parents, parents are active partners in the learning process. In accordance with the principles of adult learning, staff:

- Encourage active participation, independent learning, and problem-solving;
- Identify, acknowledge, and build upon past experiences, and use current experiences as learning opportunities; and
- Use the home as the setting for adult learning, to enhance the parents' role as the primary educators of their children.

Performance Standard 1304.40(e)(3)

(3) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff (see 45 CFR 1304.21 for additional requirements related to parent involvement).

Related Information: See 45 CFR 1304.51(c) on staff-family communications; and see the *Head Start Home Visitor Handbook*.

Guidance: Ways to support family members in their parenting roles include:

- Encouraging parents to use home materials and family routines and conversations to help children learn concepts, develop language and other skills, and explore feelings;
- Assisting parents to foster the knowledge, self-confidence, self-esteem, and sense of independence they need to strengthen their role as the primary influence in their child's life;
- Supporting parents in their efforts to find opportunities to spend quality time with their children during meal time, bath times, bed times, travel, and on weekends;
- During home visits, reviewing the activities and experiences of the parent and child since the last visit. This provides opportunities for discussing child development principles, appropriate activities, behavior management strategies, and family concerns about children;
- Establishing a buddy system to ensure that frequent one-on-one contacts between staff and parents occur in the program setting;

- Maintaining a daily log or notebook through which parents and staff can share observations and comments;
- Taking the communication requirements of parents into account when developing methods of communicating with them. For example, if parents have difficulty with written communication, agencies make extra efforts to share information, observations, concerns, and comments through phone contacts or through face-to-face meetings; and
- Providing parents with information about programs and services available to children with disabilities, and in particular, the right of all children to a free and appropriate education under the Individuals with Disabilities Education Act (IDEA).

Performance Standard

1304.40(e)(4)(i) & (ii)

(4) Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:

(i) Increasing family access to materials, services, and activities essential to family literacy development; and

(ii) Assisting parents as adult learners to recognize and address their own literacy goals.

Related Information: See 45 CFR 1304.21(a)(4)(iii) and (iv) on promoting language use of children and supporting children's emerging literacy and numeracy development; and see CFR 1304.41(a)(2)(vii) on forming partnerships with institutions such as libraries and museums.

Guidance: To increase family participation in literacy-related services, staff:

- Plan literacy activities that involve both parent and child, provide information on how to incorporate literacy activities into everyday family routines, and take time to demonstrate and reinforce parent practices that promote literacy in both English and the home languages if they differ;
- Encourage families to check books out of the public library or to acquire books that may be available free or at low cost through local programs promoting literacy;
- Recruit qualified volunteers to serve as tutors, coaches, and mentors, and to collect and distribute reading materials;
- Establish a Head Start book-lending collection;
- Refer parents to adult literacy programs in the community, matching families with programs sensitive to issues of language and culture; and
- Promote partnerships with local libraries, museums and family literacy programs, and invite representatives from local literacy programs to meet with Head Start families and staff to plan collaborations.

Performance Standard

1304.40(e)(5)

(5) In addition to the two home visits, teachers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program (see 45 CFR 1304.21(a)(2)(iii) and 45 CFR 1304.40(i) for additional requirements about staff-parent conferences and home visits).

Guidance: Staff-parent conferences do not take the place of the home visits required under 45 CFR 1304.40(i), or of daily communication with parents. Conferences provide teachers and parents with the opportunity for an in-depth discussion of each child's development and adjustment to the program. Conferences, which occur at the Head Start facility, in the home, or at any other appropriate location, provide a time for parents to share their observations of their children, ask questions, discuss their expectations, or express concerns. Conferences also offer opportunities to identify ways to improve the child's learning in the home and program environments.

Performance Standard

1304.40(f)(1)

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

Rationale: As the primary caregivers, parents play the lead role in maintaining the health and nutrition of their children. Learning more about health, nutrition, and mental health assists parents in establishing healthy habits in the home and in securing access to needed services in the community. *This rationale serves 45 CFR 1304.40(f)(1)-(4).*

Related Information: See 45 CFR 1304.21(c)(1)(iii) on integrating educational aspects of health, nutrition, and mental health services into program activities.

Guidance: When planning medical, dental, nutrition, and mental health education programs, each interaction with families provides an opportunity to convey health education. Staff:

- Use a variety of methods for conveying information, for example, guest speakers, hands-on experiences, or newsletters;
- Consider parent attitudes, cultures, languages, beliefs, fears, and educational levels. To the extent possible, education for parents should be designed around each family's individual characteristics;
- Make use of content experts in the areas of health, nutrition, and mental health for assistance in designing appropriate programs;

- Refer to the Community Assessment, and consider using community resources when developing education programs for parents; and
- Consult with the Health Services Advisory Committee.

Performance Standard 1304.40(f)(2)(i), (ii) & (iii)

(2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:

(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care;

(ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments; and

(iii) Provides parents with the opportunity to learn the principles of preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics (e.g., maternal and child health and the prevention of Sudden Infant Death Syndrome), information specific to health needs of individual children must also be made available to the extent possible.

Related Information: See 45 CFR 1304.20(a)(1) on assisting parents in accessing a source of care, 45 CFR 1304.20(e) on involving parents in child health and developmental services, 45 CFR 1304.22 for further information on child health and safety, and 45 CFR 1304.40(c) for suggestions of health education topics for pregnant women.

Guidance: By working with parents, both individually and in groups, agencies assist families to become more aware of basic aspects of health care systems, and the services that are available to them. Staff and parent discussions about health care emphasize the importance of parents understanding all medical and dental procedures affecting their child, particularly as treatment relates to the family's knowledge about child health and development. Staff encourage parents to:

- Accompany their child to appointments, provide emotional support, if the child is apprehensive, and ask providers to explain medical conditions and procedures in understandable terms;
- Enroll in a system of ongoing family health care, rather than relying upon emergency rooms. Agencies provide the names and addresses of medical practices, clinics, or health maintenance organizations, including a list of providers who accept Medicaid, as well as information about after-hours care and how to obtain medical advice by telephone;
- Apply for Medicaid. Options for obtaining health insurance or low-cost medical care are discussed, if the family is not eligible for Medicaid;
- Recognize the importance of preventive care and of detecting signs of health problems;
- Model healthy behaviors by having the child observe parents going to the doctor and dentist; and
- Keep their child connected with a "medical home," after the child leaves Head Start.

In some cases, staff will need to work with parents and providers to facilitate more active parent involvement. For example, the schedule of working parents may make them unable to accompany their children to examinations. Night clinics or services at non-traditional times will make services more accessible. Services are not delayed or denied because of parents' working hours. If parents are unable to accompany their children to appointments, they are provided information about treatment and follow-up.

Home visitors and other staff encourage and assist parents to integrate health education into daily routines in the home. For example, staff assist parents in assembling a first aid kit, including information on emergency first aid, and in "child-proofing" the home.

Performance Standard 1304.40(f)(3)(i) & (ii)

(3) Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum:

(i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and

(ii) Parent discussions with program staff about the nutritional status of their child.

Related Information: See 45 CFR 1304.23(a) on discussions between staff and parents of each child's nutritional needs, and 45 CFR 1304.23(d) on parent education activities related to nutrition.

Guidance: An effective nutrition education program conveys the message that what the child eats has long-term effects on health and development. Nutrition education provided by program staff is a supplement to, and not a replacement for, nutritional advice from health care professionals.

Parents and staff share information about the child's eating habits and nutritional needs on an ongoing basis. In addition to the topics required by 45 CFR 1304.23(a), discussions between staff and parents can focus on such issues as economical food buying and individual family challenges, such as distance from supermarkets or inadequate refrigeration or cooking facilities.

Performance Standard 1304.40(f)(4)(i), (ii) & (iii)

(4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education):

(i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;

(ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and

(iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

Related Information: See 45 CFR 1304.24(a)(1)(vi) on supporting parents' participation in any needed mental health interventions.

Guidance: Regular meetings and training sessions with parents and staff, as well as one-on-one interactions, are used to identify and to discuss a variety of topics related to child mental health. Mental health professionals assist parents in promoting a positive mental health environment at home, in recognizing stress factors and other risk factors, and in knowing when and how to ask for appropriate help from other parents, extended family members, members of the local or Tribal community, and professional resources.

Group opportunities allow parents to share experiences and to develop their own solutions to problems they encounter with their children. It may be beneficial to establish family support groups that meet on a regular basis or to refer families to existing support groups in the community. In addition, families may wish to privately discuss mental health issues related to their child and family.

Discussions about mental health issues are facilitated by such actions as:

- Building trusting and respectful relationships between staff and parents, so that parents will be comfortable in sharing information on sensitive issues and confident that their privacy will be respected;

- Staff modeling healthy habits and programs providing positive working conditions and staff training;
- Including parents in meetings that discuss issues related to individual children, and respecting and supporting the right of parents to make informed decisions to meet the interests of their child;
- Ensuring that staff are aware of their limitations in dealing with serious mental health issues; and
- Encouraging parents to talk confidentially with a trusted staff member who can refer them to professionals or other staff, when appropriate. Agencies may choose to designate specific staff members for parents to contact with mental health issues.

When there are misperceptions about mental health professionals, staff, community elders, or other respected individuals known to the family may be called upon to bridge the gap between parents and mental health professionals. Parents, mental health professionals, and staff need to work together to build a realistic mental health plan that best serves the needs of individual children and families.

By listening to parents and staff, the mental health professional gains a better understanding of family concerns and cultural issues, thus helping him or her to facilitate appropriate interventions. In addition, the mental health professional can help to explain the concept of "mental health" to parents and staff, as well as identify and develop their skills, and offer suggestions for more effective parent-child and teacher-child interactions.

Performance Standard 1304.40(g)(1) & (2)

(g) Parent involvement in community advocacy.

(1) Grantee and delegate agencies must:

(i) Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs; and

(ii) Establish procedures to provide families with comprehensive information about community resources (see 45 CFR 1304.41(a)(2) for additional requirements).

(2) Parents must be provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest.

Rationale: The active involvement of parents in advocacy and activities with other community members develops self-esteem and builds skills, while helping to organize and enhance community services and resources that best respond to parents' needs and interests.

Related Information: See 45 CFR 1304.41(a)(2) for suggestions on how to form linkages with community service agencies.

Guidance: Staff and parents are encouraged to work together in a creative manner to identify ways that parents can play a role in supporting the improvement of community services. By using a broad definition of parental involvement, it is possible to overcome challenges such as parental work and training schedules, difficulties securing child care and transportation, language barriers, and the length of the family's stay in the local area.

Ways for parents to influence community services include, but are not limited to:

- Receiving information about the roles and functions of Head Start policy groups early in the program year, and during recruitment and enrollment;
- Participating actively in Parent Committees and policy groups, which provide opportunities for developing confidence and skills for further community advocacy, and encouraging community members to attend policy group meetings;
- Serving on the Health Services Advisory Committee and other advisory committees;
- Becoming involved in groups and organizations that support the culture of the family or community;
- Participating in parent-teacher organizations and local school boards and communicating with school organizations about ways that parents can assist in decision-making in schools;
- Joining or starting various community committees that have well-defined goals, such as improving neighborhood safety;
- Obtaining information on organizing techniques and, as appropriate, using Head Start facilities and equipment for meetings;
- Taking individual actions to improve the community; and
- Helping other parents and community members to understand the impact they have on the character of community services and the impact that such services have on the lives of Head Start families.

The active involvement of parents and staff in an ongoing process of identifying and evaluating resources and services is needed to maintain comprehensive and up-to-date information about community resources. One way to let families know about available services and resources is by providing appropriate lists of community resources published by other public or private community agencies. If there is no comprehensive list of community resources, or if the existing lists are not sufficiently comprehensive or up-to-date, the agency itself could develop a directory. It is helpful to provide information about the experiences of Head Start families with the services, based upon agency follow-ups to referrals conducted under 45 CFR 1304.40(b)(2), as well as basic information about hours, location, telephone number, and so forth.

Parent participation in developing and updating information about community resources improves the usefulness of the information. Parents, for example, could visit and conduct on-site interviews at community agencies in order to gather information that is specifically related to Head Start families. Staff are encouraged to train parents on how to use the information provided about community resources to access services that meet the goals identified in the family partnership agreement process.

Performance Standard 1304.40(h)(1) - (4)

(h) Parent involvement in transition activities.

(1) Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting.

(2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.

(3) To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must:

(i) Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and

(continued, next page...)

Rationale: A thoughtful plan leading up to actual transition and placement, developed with active parental involvement in the planning and transition process and with sensitivity to the multiple aspects of transition, can significantly enhance the success of the child and family in a new environment. *This rationale serves 45 CFR 1304.40(h)(1)-(4).*

Related Information: See 45 CFR 1304.41(c) for further information on transition activities.

Guidance: Children and families need to be supported during transitions. Parents are assisted to understand what to expect in new environments; and staff assist children and parents throughout the year with transitions in and out of the programs by:

- Encouraging children and parents to visit the new program, before the children begin. The parents and children visit, take part in sample activities, and meet staff and other children and parents;
- Making orientation information available, including information about parental rights and opportunities for parent participation so that they are prepared for active involvement in the activities and committees of their child's Head Start program, school, or child care setting;
- Enlisting experienced parents to work with newly participating parents to provide one-on-one support;
- Developing a packet of information about the child's progress which the family can take with them to the next program;
- Scheduling education and training about transitions throughout the year, supporting parents in being well-prepared for the changes they face;
- Forming support groups or providing other forms of follow-up assistance to support parents as they seek to continue to be their children's advocate in non-Head Start settings; and
- Providing education and training on local education program options, such as enrollment in a magnet school or a bilingual education program, as well as on the governance structure of the education system in their community, and how to be an advocate in that system, both for their child and for community-wide changes.

Migrant families may need additional assistance in locating services at their next destination site to ensure a smooth transition.

For families transitioning to school, staff play an important role in encouraging and facilitating meetings between parents and teachers, counselors, principals, and other school personnel. Staff assist in "opening the door" to communication between parents and school personnel, and provide assistance, as needed. To support parents, staff and parents discuss strategies for communicating

Performance Standard 1304.40(h)(1) - (4)

(continued...)

(ii) Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education.

(4) See 45 CFR 1304.41(c) for additional standards related to children's transition to and from Early Head Start or Head Start.

effectively with school personnel, addressing, for example, issues such as differences in language or background, so that parents are recognized as the primary educators of their children.

Performance Standard 1304.40(i)(1) - (3)

(i) Parent involvement in home visits.

(1) Grantee and delegate agencies must not require that parents permit home visits as a condition of the child's participation in Early Head Start or Head Start center-based program options. Every effort must be made to explain the advantages of home visits to the parents.

(2) The child's teacher in center-based programs must make no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8). Other staff working with the family must make or join home visits, as appropriate.

(continued, next page...)

Rationale: Home visits are valuable in building respectful relationships with parents and in developing a broad understanding of every child in the program. *This rationale serves 45 CFR 1304.40(i)(1)-(6).*

Related Information: See 45 CFR 1304.21(a)(2)(iii) on encouraging parent participation in staff-parent conferences and home visits.

Guidance: Teachers and other staff have many opportunities to discuss with parents the advantages that home visits provide for both parents and children. Home visits are opportunities for:

- Making connections between the home and program settings;
- Learning more about parent-child interactions;
- Developing positive relationships, which allow parents and staff to get to know one another;
- Identifying learning opportunities in home environments;
- Identifying techniques that can be generalized to other children in the family; and
- Focusing individualized attention on family strengths, interests and goals.

Teachers are required to make two visits to the home of each child, in addition to the two staff-parent conferences required under CFR 1304.40(e)(5). Any additional home visits are coordinated to support the partnership between family and program staff.

If two home visits are not possible in a program of less than 90 days in duration, the agency still arranges two additional meetings with the parents, in addition to the two staff-parent conferences.

Performance Standard 1304.40(i)(1) - (3) (continued...)

(3) Grantee and delegate agencies must schedule home visits at times that are mutually convenient for the parents or primary caregivers and staff.

Performance Standard 1304.40(i)(4) & (5)

(4) In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy. Home visits in home-based program options must be conducted in the family's home. (See 45 CFR 1306.33 regarding the home-based program option.)

(5) In addition, grantee and delegate agencies operating home-based program options must meet the requirements of 45 CFR 1306.33(a)(1) regarding home visits.

More frequent interactions provide opportunities to exchange important information about the child. In particular, agencies serving infants and toddlers schedule frequent home visits, because infants and toddlers develop so rapidly.

Agencies document instances when parents expressly forbid home visits. In such cases, staff continue to work on building a trusting relationship, which, over time, may provide opportunities for meeting with families in their homes. Sensitivity to parents' cultural preferences is an important consideration. Flexibility in the scheduling of home visits may be needed for working parents and others with time constraints. Agreeing to meet at an alternative location may be a solution for some families, under the circumstances discussed below in 45 CFR 1304.40(i)(4).

Related Information: See 45 CFR 1306.33(a)(1) and 45 CFR 1306.34 regarding home visits in home-based and combination-option programs.

Guidance: Agencies operating center-based programs have some flexibility in allowing visits to be conducted outside the home, but it is critical that staff understand that visits outside the home are appropriate only under exceptional circumstances. Every effort is made to conduct the visit in the home. Services in the home-based option must be provided in the family's home, because the home setting is integral to the success of this option.

Agencies ensure that teachers, home visitors, and other staff are provided with appropriate training, supervision, and support for safely conducting home visits. Support may include a monitoring system or the assignment of two individuals to make certain home visits. Because staff may find themselves in threatening situations, they are cautious during home visits, and follow basic safety guidelines and precautions. Staff are encouraged to look to the family, its strengths and its ways of coping with potentially hazardous situations.

Performance Standard

1304.40(i)(6)

(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

Guidance: **A visit to the family of each newborn child provides an opportunity to identify and to discuss needs and interests related to the child's optimal development, including the importance of connecting with a "medical home." It also underscores the program's emphasis on early intervention and on supporting parents as they adjust to the demands of life with a newborn child. Suggested ways for arranging visits by health staff include employing staff with the necessary training and experience, contracting for services, and collaborating with a public health or other community agency.**

1304.41

Community Partnerships

(a) Partnerships

(b) Advisory Committees

(c) Transition Services

INTRODUCTION TO 1304.41

Head Start serves families within the context of the community, and recognizes that many other agencies and groups work with the same families. The objective of 45 CFR 1304.41 is to ensure that grantee and delegate agencies collaborate with partners in their communities, in order to provide the highest level of services to children and families, to foster the development of a continuum of family centered services, and to advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

The standards in this section cover three major areas: (a) partnerships with other community agencies; (b) the formation of advisory committees; and (c) the development of transition services.

Performance Standard

1304.41(a)(1)

(a) Partnerships.

(1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements).

Rationale: Community planning fosters the development of a comprehensive system of family centered services attuned to the complex and diverse needs of children and families. *This rationale serves 45 CFR 1304.41(a)(1)-(2).*

Guidance: Grantee and delegate agencies enhance program services by playing an active role in facilitating community partnerships. The following are suggestions for encouraging communication, cooperation, and possible linkages with community partners:

- Develop formal and informal networks of contacts with the representatives of a wide range of community organizations;
- Involve families as active partners in the community planning process;
- Be knowledgeable of how policy changes at the national, State, Tribal, and local levels affect services and resources for children and families;
- Ensure that privileged information is shared in a manner that improves service delivery, while respecting the family's right to privacy and complying with the agency's confidentiality policies;
- Initiate or join in community-wide interagency councils, service integration efforts, and other planning initiatives to ensure that Head Start principles and programs are well-represented in planning activities; and
- Consult with Head Start State Collaboration Offices and build on existing national and State agreements when pursuing local partnerships.

Performance Standard

1304.41(a)(2)

(2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including:

Guidance: When establishing and maintaining collaborative relationships, the following approaches are helpful:

- Draw upon the agency's data sources, including its Community Assessment and discussions with staff and parents regarding family partnership agreements, to identify organizations that provide services responsive to children and families;
- Engage with parents and staff, and with potential partners, in discussions about the purposes and goals of all proposed collaborative relationships;
- Commit to identify specific areas for working together to achieve shared goals for children and families;
- Nurture a mutually respectful environment in which everyone's contributions to the partnership are acknowledged;
- Develop forums or other mechanisms, such as team meetings and working agreements, for working together on an ongoing basis;
- Consider the staff resources needed to maintain collaborative relationships; and
- Recognize that collaborative relationships are strengthened through formal, written agreements, which help to ensure that relationships among agencies endure after the initiators of the agreements are no longer involved.

Performance Standard

1304.41(a)(2)(i), (ii) & (iii)

(i) Health care providers, such as clinics, physicians, dentists, and other health professionals;

(ii) Mental health providers;

(iii) Nutritional service providers;

Related Information: See 45 CFR 1304.20(c)(5) on limitations to using program funds for professional medical and dental services. Also see 45 CFR 1304.23(b)(1)(i) regarding the requirement that agencies use funds from USDA Child Nutrition Program.

Guidance: To secure access to a broad range of services, agencies are encouraged to consider and seek out partnering with many different types of health care, mental health, and nutritional services organizations such as local health departments, community health centers, managed care organizations, medical or dental schools, and professional associations. The Health Services Advisory Committee is one of several sources of information on providers and resources in the community.

Written agreements with providers support collaborative agreements. It also is useful to provide feedback to providers on how services are received by families, on whether or not parents understand the information provided to them, and on how services to families may be enhanced.

Grantee and delegate agency discussions with State, Tribal, and local officials can lead to local collaborations to implement and supplement such national interagency agreements as those between the Head Start Bureau and the Indian Health Service (IHS), the Early and

Periodic Screening, Diagnosis and Treatment (EPSDT) program of the Medicaid programs and the Food and Consumer Service's Supplemental Nutrition Program for Women, Infants, and Children (WIC).

When selecting community partners in the area of mental health, it is important to consider the cultural appropriateness of the services provided, the sensitivity of mental health professionals to challenges facing Head Start families, and experience in working with young children.

Performance Standard

1304.41(a)(2)(iv)

(iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements);

Related Information: See 45 CFR 1304.20(f)(2) concerning program individualization for children with disabilities.

Guidance: Grantee and delegate agencies are aware that under the Individuals with Disabilities Education Act (IDEA), the State Education Agency has the responsibility to ensure the availability of a "free and appropriate public education" for all children with disabilities, within the legally required age range in the State. As described in 45 CFR 1308.4, grantee and delegate agencies collaborate, in partnership with parents, with the State Education Agency, local education agencies (LEAs), Tribal agencies, and other agencies to ensure that all children with disabilities are provided with a comprehensive assessment, and a free, appropriate education.

When grantee or delegate agencies arrange for services through the local educational agency or another agency, a written agreement specifies the services to be provided directly by Head Start, as well as those services to be provided by other agencies. Grantee and delegate agencies serving children during summer months engage in additional negotiations with LEAs in order to secure services during months when most schools are not in session.

Performance Standard

1304.41(a)(2)(v) & (vi)

(v) Family preservation and support services;

(vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;

Related Information: See 45 CFR 1301.31(e) and Appendix A to 45 CFR 1301.31 for regulatory requirements relating to the identification and reporting of child abuse and neglect. Guidance also is available on methods for reporting cases of child abuse and neglect (45 CFR 1304.22(a)(5)), and for training volunteers and staff (45 CFR 1304.52(k)(3)(i)).

Guidance: Family preservation and support programs have been the focus of Federal, State, Tribal, and local efforts to coordinate the delivery of social services to families served by multiple agencies. Grantee and delegate agencies:

- Identify and participate in any State, Tribal, or local coordination initiatives concerning family support and preservation programs, and to support the meaningful involvement of families in planning processes;
- Determine how grantee and delegate agencies can be an integral part of the community's family support system;

- Seek out and consider establishing linkages to a broad range of support services, including drop-in centers, crisis-intervention programs, parenting classes, support groups, and recreational and social activities; and
- Encourage the development of family support and preservation programs in rural areas and in other areas where few such programs exist.

Grantee and delegate agencies also establish linkages with Child Protective Services (CPS) agencies, as well as with any law enforcement agencies or other agencies to which suspected child maltreatment must be reported by Federal, State or Tribal law.

Agencies contribute to community efforts to prevent and treat child abuse and neglect by collaborating with local child abuse prevention programs and with public and private agencies serving children and families affected by physical, emotional, or sexual abuse and neglect. It is important to advocate for CPS investigators who are familiar with the culture and speak the language of the families concerned.

Performance Standard

1304.41(a)(2)(vii)

(vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;

Related Information: See 45 CFR 1304.41(c) on working with local elementary schools to support successful transitions from Head Start into elementary school.

Guidance: Suggestions for increasing family access to educational and cultural materials and activities include:

- Developing partnerships with public and school libraries, bookmobiles, and traveling art exhibits;
- Taking advantage of cultural events, local museums, family concerts, storytelling activities, and other performances geared to children; and
- Inviting community organizations and groups to co-sponsor cultural events at Head Start facilities.

Performance Standard

1304.41(a)(2)(viii)

(viii) Providers of child care services; and

Related Information: See 45 CFR 1304.41(c) on working with providers of child care services to support successful transitions between Head Start and other child care settings.

Guidance: By collaborating with child care providers, agencies meet the needs of enrolled families requiring full-day services (or non-traditional child care schedules) or services for siblings and, at the same time, promote continuity of care. In addition, the overall quality of local child care services is enhanced by sharing local resources, training, and knowledge. The following are suggestions for collaboration:

- Initiate and coordinate opportunities for joint training;
- Use multiple funding sources to establish full-day services;

- Share facilities, resources, and equipment; and
- Increase access to services by coordinating transportation resources.

Potential community partners include:

- child care resource and referral organizations,
- public and private, center-based programs,
- networks of family child care homes,
- public and private schools,
- employer-based child care programs,
- local child care associations,
- State, Tribal, and local governments,
- subsidized child care programs, and
- State and community coordinating councils.

Performance Standard 1304.41(a)(2)(ix)

(ix) Any other organizations or businesses that may provide support and resources to families.

Guidance: Agencies are encouraged to draw upon the knowledge and experience of parents in identifying the many organizations in the community that provide services and resources for families with young children. Large corporations, small businesses, and other organizations are invited to collaborate in supporting children and families in the community. The involvement of organizations and businesses:

- Expands and enhances the visibility of the Head Start program in the community;
- Broadens community representation in policy groups;
- Provides sources of donated goods and other resources;
- Establishes linkages that lead to training opportunities and entry-level jobs for parents; and
- Provides a source of volunteers with specific skills in management, communication, budgeting, finance, and marketing.

Performance Standard 1304.41(a)(3)

(3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs.

Rationale: Community volunteers enhance services, provide positive role models, and promote linkages to the broader community.

Related Information: See 45 CFR 1304.3(a)(20) for a definition of "volunteer;" 45 CFR 1304.52(j)(2) for health screening requirements for volunteers; and 45 CFR 1304.52(k) for required training of volunteers.

Guidance: Agencies follow a variety of strategies to attract community volunteers. Parents are instrumental in recruiting other parents, former Head Start parents, grandparents, or other relatives, and additional community residents.

Agencies are encouraged to identify an individual to help coordinate volunteers, someone who would be responsible for recruiting, screening, training, assigning, and providing job descriptions and feedback regarding their performance. When assigning volunteers, agencies match a volunteer's skills and interests with program needs.

Performance Standard 1304.41(a)(4)

(4) To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area (see 45 CFR 1308.4(h) for specific requirements concerning interagency agreements).

Related Information: See 45 CFR 1308.4 regarding disabilities services plans, and 45 CFR 1304.41(a)(2)(iv) concerning partnering with agencies providing services to children with disabilities and their families.

Guidance: See cross-references under "Related Information" for this standard.

Performance Standard 1304.41(b)

(b) Advisory committees.

Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

Rationale: Advisory Committees provide agencies with a broad range of professional expertise and help promote linkages to existing community resources. The knowledge of committee members can be drawn upon in tailoring programs to address community issues affecting local families. Additionally, Advisory Committee involvement in program planning and review is likely to increase the desire of Committee members to assist with successful program implementation.

Related Information: The Health Services Advisory Committee is involved in many different aspects of program design and operations. For further guidance, see the following:

- 45 CFR 1304.20(a)(1)(i) and (ii) on finding sources of health care and developing child health care guidelines,
- 45 CFR 1304.20(b)(1) concerning the selection and use of developmental screening tools,
- 45 CFR 1304.20(c)(5) concerning the identification of medical and dental resources,
- 45 CFR 1304.20(e)(4) and (5) concerning involvement in children's health care and parental authorization for services,
- 45 CFR 1304.22(a), (a)(1) and (a)(3) concerning health emergency procedures,
- 45 CFR 1304.22(b)(1) regarding conditions of short-term exclusion,
- 45 CFR 1304.22(c), including (c)(3), regarding medication administration and parental authorization,
- 45 CFR 1304.22(e)(3) regarding the use of nonporous gloves,
- 45 CFR 1304.22(f)(1) on first aid kids,
- 45 CFR 1304.23 (a)(4), (b)(1) and (b)(4) regarding the identification of community nutritional issues and the planning of nutritional services,
- 45 CFR 1304.23(b)(3) on dental hygiene,
- 45 CFR 1304.24(a)(3)(iv) concerning the identification of community mental health resources,
- 45 CFR 1304.40(c)(1) concerning linkages to services for pregnant women,
- 45 CFR 1304.40(f) concerning the development of health, nutrition and mental education programs for staff and parents,
- 45 CFR 1304.40(g) regarding parental participation on the Health Services Advisory Committee,
- 45 CFR 1304.41(a)(2) concerning community partners in health and nutritional services,
- 45 CFR 1304.51(a)(1) on program planning, and

- 45 CFR 1304.52(j)(1) and (2) concerning staff and volunteer health.

Guidance: The Health Services Advisory Committee addresses program issues in the medical, dental, mental health, nutrition, and human services fields. The work of the Committee is based upon the written plan for implementing services in Early Childhood Development and Health Services.

It is important to convene a Health Services Advisory Committee early in the program year, with the expectation that it will meet on a regular basis. Committee members are drawn from community volunteers, including Head Start families and a variety of health and human service professionals and providers. Agencies need to make an effort to recruit individuals representative of the racial and ethnic groups served by their program.

Where appropriate, agencies establish other advisory committees whose task is to address specific needs within the community. These committees are composed of consumers and professionals who can provide expert advice in dealing with complex issues and conditions facing families and communities. Such committees or subcommittees are established in a manner similar to the Health Services Advisory Committee. Examples of committees that may be established on a short-term or a long-term basis include committees on child care, education, facilities, family literacy, transitions, transportation, and economic development.

Performance Standard

1304.41(c)(1)

(c) Transition services.

(1) Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or other child care settings. These procedures must include:

Rationale: Communication and coordination with schools and child care agencies is needed, if agencies are to support children and families in making smooth adjustments to settings that may differ in philosophy, teaching style, or structure. Coordinated transition services enable staff from different settings to plan for the strengths and needs of individual children. *This rationale serves 45 CFR 1304.41(c)(1)-(3).*

Guidance: Transition procedures are to be ongoing and not limited to one-time efforts at the end of the program year.

Written agreements with schools and other child care settings are helpful in clarifying roles, responsibilities, and timelines related to transitions, and in securing a clear commitment to action by key personnel.

Performance Standard

1304.41(c)(1)(i)

(i) Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start;

Guidance: Parents, staff, policy groups, and representatives of schools and child care settings are included in discussions of both the types of records to be transferred and standard procedures for their delivery. In conjunction with schools and child care settings, grantee and delegate agencies may develop a simplified record form that summarizes pertinent information concerning the child's physical, cognitive, and socio-emotional developmental profile.

Staff and families work together to ensure the transfer of relevant records between placements. Parents play an active role by taking responsibility for delivering copies of records to the appropriate personnel in the school or next placement. At a minimum, parents should consent to and sign release of information forms prior to any transfer of individual child or family records. Follow-up procedures are important to determine whether the records reach appropriate teachers.

When children enter the program, agencies ask parents about the existence of medical and other relevant records and discuss the benefits of, and appropriate procedures for, securing agency access to such records. Migrant programs develop procedures to quickly get records from one site to another. One procedure is to develop transfer packets to be carried by parents from one setting to the next. Even if records are not readily available, it is important that services to migrant children not be delayed.

Performance Standard

1304.41(c)(1)(ii)

(ii) Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming;

Guidance: To encourage active and ongoing communication between agency staff and their counterparts in schools and other child care settings, the following strategies are recommended:

- Meet with the school superintendent and administrators of other child care settings to establish contacts and channels of communication, and to discuss ways to enhance continuity between programs;
- Encourage policy group members to meet with school boards and parent organizations, or to invite school organizations to an open house, in order to provide them with information about Head Start programs and families; and
- Invite teachers, child care staff, and administrators to visit programs and to interact with the children, as well as to be community representatives on Policy Committees, Policy Councils, or education advisory committees.

Performance Standard

1304.41(c)(1)(iii)

(iii) Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and

Guidance: Families are encouraged to take an active role in discussing the developmental progress and abilities of their children. Meetings involving Head Start teachers, parents, and elementary school teachers provide opportunities for parents to raise concerns they may have about their child's placement, receipt of necessary services, or general progress. Effective communication in such meetings is enhanced by the use of interpreters, as needed. Meetings to discuss special needs that require additional services are scheduled, as appropriate.

Performance Standard

1304.41(c)(1)(iv)

(iv) Initiating joint transition-related training for Early Head Start or Head Start staff and school or other child development staff.

Guidance: Joint transition-related training allows teachers and staff to work together to share resources in order to facilitate continuity of programming and to ease transitions for children and families. Suggestions for initiating joint transition-related training follow:

- Invite staff from a variety of settings to participate in transition-related training at the Head Start facility;
- Pool resources to develop parent brochures, videos, and other materials on transition topics;
- Gather information concerning local training opportunities, and publicize those opportunities through newsletters and other agency communication systems; and
- Offer training workshops to staff of all program settings in order to discuss strategies for effectively communicating with parents of diverse backgrounds.

Performance Standard 1304.41(c)(2)

(2) To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in Early Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program.

Related Information: See 45 CFR 1304.20(f)(2)(iii) on planning transitions for children with disabilities.

Guidance: Early development and implementation of a plan for a toddler's transition to preschool focuses parents and staff on supporting the continuing growth of the child. Therefore, transition planning may address issues such as the following:

- ways for the family to meet the child's health needs, including maintaining access to an ongoing source of medical care,
- the appropriate placement of the child, given his or her needs and the availability of Head Start and other child development programs, and the steps that need to be taken by parents to enroll the child in such programs, and
- the family's progress in meeting family goals, including the goals set forth in the family partnership agreement process, as well as strategies for continuing to meet ongoing or newly identified goals.

Performance Standard 1304.41(c)(3)

(3) See 45 CFR 1304.40(h) for additional requirements related to parental participation in their child's transition to and from Early Head Start or Head Start.

Related Information: See 45 CFR 1304.40(h) regarding parental participation in transitions.

Guidance: See cross-references under "Related Information" for this standard.

SUBPART D — PROGRAM DESIGN AND MANAGEMENT

1304.50(a)(1)

Program Governance

(a) Policy Council, Policy Committee, and Parent Committee Structure

(b) Policy Group Composition and Formation

(c) Policy Group Responsibilities - General

(d) The Policy Council or Policy Committee

(e) Parent Committee

(f) Policy Council, Policy Committee, and Parent Committee Reimbursement

(g) Governing Body Responsibilities

(h) Internal Dispute Resolution

Appendix A to 1304.50 - Governance and Management Responsibilities

INTRODUCTION TO 1304.50

The objective of 45 CFR 1304.50 is to ensure that each grantee and delegate agency has an established policy group and a well-functioning governing body that share responsibility for overseeing the delivery of high quality services to children and families in accordance with Head Start legislation, regulations, and policies. Through the Policy Council and Policy Committee — groups with policy-making authority at the grantee and delegate agency levels, respectively — and through the local Parent Committees, parents and other community representatives are empowered to actively participate in the shared decision-making process.

This section describes the formal structure of shared governance, outlining the composition and responsibilities of policy groups, Parent Committees, and governing bodies. The standards also discuss policy group and Parent Committee reimbursements and the need for internal dispute mechanisms. Finally, the chart "Governance and Management Responsibilities" in Appendix A of this section restates the responsibilities and outlines the interactions of policy groups, governing bodies, and agency management staff.

Performance Standard 1304.50(a)(1)

(a) Policy Council, Policy Committee, and Parent Committee structure.

(1) Grantee and delegate agencies must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program. This structure must consist of the following groups, as required:

(i) Policy Council. This Council must be established at the grantee level.

(ii) Policy Committee. This Committee must be established at the delegate agency level when the program is administered in whole or in part by such agencies (see 45 CFR 1301.2 for a definition of a delegate agency).

(iii) Parent Committee. For center-based programs, this Committee must be established at the center level. For other program options, an equivalent Committee must be established at the local program level. When programs operate more than one option from the same site, the Parent Committee membership is combined unless parents choose to have a separate Committee for each option.

Related Information: See 45 CFR 1306.3(h) for the definition of a Head Start parent.

Rationale: A formal structure of program governance provides parents and other community representatives with the authority and opportunity to participate in shared decision-making concerning program design and implementation. *This rationale serves 45 CFR 1304.50(a)(1)-(5).*

Guidance: Although the formal structure of governance will vary across local agencies, policy groups and Parent Committees are required for all. Each agency has only one policy group.

Policy groups — the Policy Council at the grantee agency level and the Policy Committee at the delegate agency level — have policy-making authority and, therefore, are governed by locally determined bylaws that ensure clarity and consistency in function and purpose.

Parent Committees provide every parent of an enrolled child with the opportunity to assist in the development of activities that address their interests and needs and that support the education and healthy development of their children.

Agencies provide parents, community representatives, community partners, and staff with training regarding program governance and shared decision-making, so they may understand and support the purpose of the Policy Council, Policy Committee, and Parent Committee.

Performance Standard 1304.50(a)(2)

(2) Parent Committees must be comprised exclusively of the parents of children currently enrolled at the center level for center-based programs or at the equivalent level for other program options (see 45 CFR 1306.3(h) for a definition of a Head Start parent).

Guidance: All parents of enrolled children are automatically members of a Parent Committee. The Parent Committee may choose to develop smaller groups to facilitate in-depth discussions of significant issues before such issues are considered by the larger Parent Committee. The formation of subgroups also encourages the participation of those who feel more comfortable expressing opinions in smaller groups. The Parent Committee may choose to structure meetings around a breakfast, potluck meal, or other social event, to encourage participation by as many parents as possible.

Performance Standard 1304.50(a)(3)

(3) All Policy Councils, Policy Committees, and Parent Committees must be established as early in the program year as possible. Grantee Policy Councils and delegate Policy Committees may not be dissolved until successor Councils or Committees are elected and seated.

Related Information: See 45 CFR 1304.52(k)(4) on providing training to members of the Policy Councils and Policy Committees.

Guidance: Because shared decision-making is a critical element of ongoing planning, it is important for agencies to maintain effective grantee Policy Councils, delegate Policy Committees, and Parent Committees from one year to the next. The following are suggestions for encouraging the parents of newly enrolled children to participate in policy groups and Parent Committees:

- Discuss policy groups and Parent Committees during recruitment;
- Display posters, show videos, or use other means to provide information about the role and importance of the policy groups and Parent Committees and about the nature and timing of the election process;
- Provide opportunities for outgoing members of policy groups to play an active role in recruiting, meeting with, welcoming, training, and providing one-on-one mentoring to potential new members; and
- Invite new parents to observe Policy Council or Policy Committee meetings.

Although outgoing parents from Policy Councils or Policy Committees may not have children in Head Start at the beginning of the next program year, it is important that parents complete their term and continue in a policy-making role until new parents are elected and seated. It may be necessary to develop procedures to maintain the participation of outgoing parents or to elect parents to complete an unexpired term, if parents have left the area, as is often the case in migrant programs.

In order to meet the mandate for parental involvement, a new grantee or delegate agency needs to form an appropriate interim policy group that represents potential Head Start parents, as well as other community members. This interim body is immediately involved in start-up program planning, the development of interim procedures, and the hiring of staff.

Performance Standard 1304.50(a)(4)

(4) When a grantee has delegated the entire Head Start program to one delegate agency, it is not necessary to have a Policy Committee in addition to a grantee agency Policy Council.

Guidance: In situations where a grantee delegates the entire Head Start program to one delegate agency, the Policy Council takes on all policy responsibilities. Grantees have procedures that describe how decisions are made involving the grantee governing body, the delegate governing body, and the Policy Council.

Performance Standard 1304.50(a)(5)

(5) The governing body (the group with legal and fiscal responsibility for administering the Early Head Start or Head Start program) and the Policy Council or Policy Committee must not have identical memberships and functions.

Related Information: See 45 CFR 1304.50(g) for information on governing body responsibilities, and the chart, "Governance and Management Responsibilities," in Appendix A to this section, which describes the roles and responsibilities of the governing body, the Policy Council and the Policy Committee, and key management staff.

Guidance: Agencies review membership lists and bylaws to ensure that memberships and functions of the governing body and the policy group are not identical. Communication between the groups is improved if there is at least one representative from the governing body serving on the policy group and at least one representative from the policy group serving on the governing body.

Performance Standard 1304.50(b)(1) — (b)(7)

(b) Policy group composition and formation.

(1) Each grantee and delegate agency governing body operating an Early Head Start or Head Start program must (except where such authority is ceded to the Policy Council or Policy Committee) propose, within the framework of these regulations, the total size of their respective policy groups (based on the number of centers, classrooms, or other program option units, and the number of children served by their Early Head Start or Head Start program), the procedures for the election of parent members, and the procedure for the selection of community representatives. These proposals must be approved by the Policy Council or Policy Committee.

(2) Policy Councils and Policy Committees must be comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51 percent of the members of these policy groups must be the parents of currently enrolled children (see 45 CFR 1306.3(h) for a definition of a Head Start parent).

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Rationale: Established procedures for electing parent members and selecting community representatives ensure consistency and fairness in the selection of policy group members. It is essential that families receiving services play an active role in making decisions about such services, and that the Head Start program reflects the community as a whole. *This rationale serves 45 CFR 1304.50(b)(1)-(7).*

Guidance: The following are suggestions for the governing body and policy group review of procedures for parent elections:

- Inform all parents of their vital role in program governance;
- Ensure that there is a fair method of nomination, either by parents nominating themselves or by other parents nominating them; nominations should be placed only with the consent of the nominee;
- Provide proportionate representation to parents in all program options and settings. If agencies operate programs serving different geographical regions or ethnic groups, to adopt policies to ensure that all groups being served will have an equal opportunity to serve on policy groups; and
- Consider using Parent Committees to facilitate the process of nominating and electing parents to the Policy Council or Policy Committee.

Parents are involved in every step of the process for selecting community representatives. Parents may be involved, for example, in discussions of the issues of interest and the types of community representatives needed in the coming year, as well as in developing methods for soliciting and screening potential candidates.

When nominating parent members or selecting community representatives to policy groups, consider:

- The willingness and ability of the potential members to contribute time and effort to the program and to serve as mentors and role models, as well as resource persons;
- The diversity of the group of individuals nominated, with consideration being given to the programs or program options in which the children of nominees are enrolled;
- The agency's goals and the information generated by the Community Assessment; and
- The desirability of having representation from the governing body to the policy group, in order to improve communication between the two groups.

Performance Standard 1304.50(b)(1) — (b)(7) (continued...)

(3) Community representatives must be drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including, for example, the parents of formerly enrolled children.

(4) All parent members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be selected annually.

(5) Policy Councils and Policy Committees must limit the number of one-year terms any individual may serve on either body to a combined total of three terms.

(6) No grantee or delegate agency staff (or members of their immediate families) may serve on Policy Councils or Policy Committees except parents who occasionally substitute for regular Early Head Start or Head Start staff. In the case of Tribal grantees, this exclusion applies only to Tribal staff who work in areas directly related to or which directly impact upon any Early Head Start or Head Start administrative, fiscal or programmatic issues.

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Agencies and policy groups establish procedures for monitoring the three-year limit for both parents and community representatives. Agencies also develop volunteer opportunities that allow former policy group members to use their skills and experience to support program activities and operations. If agencies view and present the opportunity of serving on policy groups as a time to learn new skills and to gain self-confidence in a supportive environment, parents will understand the value of leaving a policy group after a few years, and of moving into other leadership roles in school organizations and in the larger community.

Personnel policies and bylaws address potential conflicts of interest between agency employment and membership on a Policy Council or Policy Committee. For example, agencies may consider developing policies that define "occasional substitute" and that determine at what point in the hiring process a candidate for a Head Start position must resign his or her membership from a policy group, that is, upon application or upon hiring.

Performance Standard 1304.50(b)(1)—(b)(7) (continued)

(7) Parents of children currently enrolled in all program options must be proportionately represented on established policy groups.

Performance Standard 1304.50(c) & (d)

(c) Policy group responsibilities - general.

At a minimum policy groups must be charged with the responsibilities described in paragraphs (d), (f), (g), and (h) of this section and repeated in appendix A of this section.

(d) The Policy Council or Policy Committee.

(1) Policy Councils and Policy Committees must work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the following policies and procedures:

Rationale: Policy groups are established and charged with the specific functions outlined in paragraphs (d), (f), (g), and (h) of this section and in the chart, "Governance and Management Responsibilities," in Appendix A of this section, in order to ensure that parents have the opportunity to be involved in shared decision-making. Policy groups provide a vehicle for parents to assume leadership roles in representing the collective interests of all families. *This rationale serves 45 CFR 1304.50(c), (d), (f), (g), (h), and Appendix A of this section.*

Guidance: Formal systems of communication and a thoughtful plan of ongoing training serve as a critical foundation to the development of effective working partnerships among the policy group, the governing body, and key management staff. To further support cooperative relationships, grantee and delegate agencies:

- Develop a consultation and approval process that is integrated between the policy group and governing body in order to expedite agency decision-making concerning the Head Start program;
- Establish written procedures for many of the policy approval functions of the governing body and the Policy Council or Policy Committee;
- Recognize that having organized and agreed upon practices reduces the time and effort needed to conduct business and reduces conflict between the groups;
- Recognize the role of staff in developing policy issues for consideration, discussion, and approval by both the policy group and the governing body; and
- Provide information to the policy groups in a timely manner in order to support effective decision-making.

Performance Standard 1304.50(d)(1)(i)

(i) All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils);

Related Information: See function (I)(e) in the chart, "Governance and Management Responsibilities," in Appendix A of this section.

Guidance: The agency's planning process provides for the involvement of the governing body and the Policy Council or Policy Committee at strategic points during the development of all funding applications. The following are suggestions for involving grantee Policy Councils and delegate Policy Committees in a meaningful review of applications and related materials:

- Consider the funding application as part of an ongoing planning process, and involve members in the decision-making process early on, before the applications and related materials are drafted;
- Provide timely training on the interrelated nature of budgets and program planning (see 45 CFR 1304.52(k)(4)); and
- Provide frequent information on program progress and expenditures to create a climate in which agency decision-making is supported by adequate and ongoing information about agency activities (see 45 CFR 1304.51(h)(1) on financial and program reporting systems).

Performance Standard 1304.50(d)(1)(ii)

(ii) Procedures describing how the governing body and the appropriate policy group will implement shared decision-making;

Related Information: See function (II)(c) in the chart, "Governance and Management Responsibilities," in Appendix A of this section. Also see 45 CFR 1304.51(d) for information on communication between the Policy Council or Policy Committee and the governing body.

Guidance: Shared decision-making presents a variety of challenges. Suggested strategies for successful shared decision-making follow:

- Develop written procedures describing how the sharing of responsibilities across the functions specified in the chart in Appendix A of this section will be implemented;
- Ensure that the Policy Council, the Policy Committee, and the governing body receive regular and accurate information about program planning, policies, and agency operations through the communication system required by 45 CFR 1304.51(a); and
- Support open channels of communication between the grantee Policy Council or the delegate Policy Committee and the relevant governing body through such measures as
  - — the exchange of minutes from meetings,
  - — forums for open discussions between the groups,
  - — joint meetings on specific issues or concerns,

- — the participation of policy group members in staff meetings, and
- — concurrent membership of selected individuals on both the governing body and policy group.

Performance Standard 1304.50(d)(1)(iii) & (iv)

(iii) Procedures for program planning in accordance with this part and the requirements of 45 CFR Part 1305.3;

(iv) The program's philosophy and long- and short-range program goals and objectives (see 45 CFR 1304.51(a) and 45 CFR 1305.3 for additional requirements regarding program planning);

Related Information: See functions (I)(a) and (b) in the chart, "Governance and Management Responsibilities," in Appendix A of this section. Also, see 45 CFR 1304.51(a) on program planning, and specifically, 45 CFR 1304.51(a)(1)(ii) on formulating long-range goals and short-term objectives.

Guidance: Active policy group participation in program planning is critical to the continuous process of program improvement. The following are suggestions for involving Policy Councils and Policy Committees in program planning and in shaping the program's philosophy and long- and short-range goals and objectives:

- Ensure that members are aware of established agency time frames and procedures for program planning;
- Ensure that the Policy Council and Policy Committee participate in discussions concerning program vision;
- Establish subcommittees, as needed, to work with the director, the governing body, and appropriate staff on developing and analyzing program plans, long-range goals and short-term objectives for each program area;
- Obtain recommendations from Parent Committees;
- Provide input on relevant community issues;
- Review financial statements of the program and explore program resources to determine if adequate resources exist to support goals and objectives; and
- For Policy Councils of agencies with delegate agencies, ensure that the grantee agency's planning procedures describe how delegate agencies will integrate their planning activities into those of the grantee.

Performance Standard 1304.50(d)(1)(v)

(v) The selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively)(see 45 CFR 1301.33 and 45 CFR 1305.3(a) for additional requirements about delegate agency and service area selection, respectively);

Related Information: See functions (I)(c) in the chart, "Governance and Management Responsibilities," in Appendix A of this section.

Guidance: Approval of delegate agencies and their service areas is a shared decision of the Policy Council and the governing body. The provision of all information to both groups in a time-sequenced manner supports and facilitates the agency's decision-making processes and minimizes conflict as well.

Performance Standard
1304.50(d)(1)(vi)

(vi) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen;

Related Information: See functions (II)(a) in the chart, “Governance and Management Responsibilities,” in Appendix A of this section; and see 45 CFR 1304.50(b)(1) regarding policy group composition and formation.

Guidance: See cross-references under “Related Information” for this standard.

Performance Standard
1304.50(d)(1)(vii)

(vii) Criteria for defining recruitment, selection, and enrollment priorities, in accordance with the requirements of 45 CFR part 1305;

Related Information: See functions (I)(d) and (b) in the chart, “Governance and Management Responsibilities,” in Appendix A of this section.

Guidance: To facilitate the meaningful participation of policy group members in the periodic reviews of criteria for recruitment, selection, and enrollment priorities, policy group members need to be familiar with the requirements of 45 CFR 1305. They are encouraged to examine how the enrollment process is working in relationship to these requirements as well as their understanding of the program philosophy and the needs of children and families in the community.

Performance Standard
1304.50(d)(1)(viii)

(viii) The annual self-assessment of the grantee or delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review (see 45 CFR 1304.51(i)(1) for additional requirements about the annual self-assessment);

Related Information: See functions (I)(g) and (b) in the chart, “Governance and Management Responsibilities,” in Appendix A of this section.

Guidance: As active participants in the ongoing process of annual self-assessment, as required under 45 CFR 1304.51(i), the Policy Council and Policy Committee consider the extent to which:

- The time schedule for self-assessment is reasonable;
- An appropriate assessment team has been formed, which includes parents and adequate representation from the community;
- The self-assessment team receives training on how to conduct an assessment;
- All team members are fully aware of the results of the last self-assessment, as well as of the Federal monitoring review;
- The measures used to conduct the self-assessment adequately evaluate the program;
- Findings from the self-assessment are reported to the Policy Council, Policy Committee, Parent Committees, and governing bodies; and
- Improvement plans are appropriate and feasible in terms of resources and time frames.

Policy groups also review the agency's procedures to ensure that an annual independent audit is conducted, in accordance with 45 CFR 1301.31, and copies of the audit are available to them.

Performance Standard

1304.50(d)(1)(ix)

(ix) Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers; and

Related Information: See function (III)(a) in the chart, "Governance and Management Responsibilities," in Appendix A of this section; 45 CFR 1301.31 on personnel policies; and 45 CFR 1304.52(h) on standards of conduct for program staff, consultants, and volunteers.

Guidance: Policy groups are knowledgeable about personnel policies, because of their roles in approving or disapproving decisions to hire or terminate staff. Elements to consider during the review of personnel policies include:

- The effectiveness of the personnel policies in securing qualified staff who can provide appropriate services and who reflect the families served;
- The potential need for modifications or addendums to agency-wide personnel policies and procedures, so that program staff are treated in accordance with 45 CFR 1301.31; and
- The possible desirability of focusing the review on a particular area, such as benefits, recruitment, promotion procedures, salaries, job descriptions, or grievance procedures, during any given year.

Performance Standard

1304.50(d)(1)(x) & (xi)

(x) Decisions to hire or terminate the Early Head Start or Head Start director of the grantee or delegate agency; and

(xi) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee or delegate agency.

Related Information: See functions (III)(b)-(e) in the chart, "Governance and Management Responsibilities," in Appendix A of this section; and see 45 CFR 1304.50(e)(3) on Parent Committee involvement in the recruitment and screening of Head Start employees.

Guidance: A method for including the Policy Council or Policy Committee in the approval or disapproval of decisions to hire or terminate individuals working for the program is essential. Some roles of the Policy Council or Policy Committee are to:

- Actively participate in the personnel process through such means as establishing a personnel committee that is charged with making recommendations to the full Policy Council or Policy Committee;
- Ensure that positions are openly advertised;
- Work with Parent Committees to implement the recruitment, selection, and approval process;
- Encourage parents to understand the employment process and to apply for jobs for which they are qualified; and

- Participate in the approval process, without taking responsibility for directly hiring or terminating individuals, because this is a management function.

To avoid barriers to hiring staff on a timely basis, migrant programs and other programs with geographical constraints develop guidelines for securing input from policy group members who are not living in the local area at the time of the hiring process.

Performance Standard 1304.50(d)(2)(i)

(2) In addition, Policy Councils and Policy Committees must perform the following functions directly:

(i) Serve as a link to the Parent Committees, grantee and delegate agency governing bodies, public and private organizations, and the communities they serve;

Related Information: See 45 CFR 1304.51(b) regarding communication with the community.

Guidance: Members of policy groups play an active role in listening to parents and community agencies by:

- Supporting parents in being effective spokespeople in the community by providing training in such areas as communication and listening skills;
- Being members of grantee and delegate agency governing bodies and other community boards in order to share information about services for children and their families;
- Reporting back to parents, keeping them informed about policy group actions through Parent Committee meetings, program newsletters, bulletin boards, and one-on-one contacts;
- Ensuring that staff provide basic information, such as copies of the *Head Start Program Performance Standards*, bylaws, notices, and general information, to all interested parties;
- Being familiar with resources in the community;
- Fostering positive community relationships; and
- Becoming advocates and leaders at local, State, Tribal, and Federal levels.

Performance Standard 1304.50(d)(2)(ii)

(ii) Assist Parent Committees in communicating with parents enrolled in all program options to ensure that they understand their rights, responsibilities, and opportunities in Early Head Start and Head Start and to encourage their participation in the program;

Related Information: See 45 CFR 1304.40(d)(3) on parent participation in the program, and 45 CFR 1304.51(c) on communication with families.

Guidance: The Policy Council and Policy Committee play important leadership roles in working with the Parent Committees to encourage all parents to participate in the activities of the Parent Committees and policy groups, as well as in other program activities. Effective methods for communicating the importance of parent participation vary, depending upon the parents and program. One suggestion is for members of these groups to work with staff in developing a handbook addressing parental rights, responsibilities, and opportunities.

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Performance Standard

1304.50(d)(2)(iii)

(iii) Assist Parent Committees in planning, coordinating, and organizing program activities for parents with the assistance of staff, and ensuring that funds set aside from program budgets are used to support parent activities;

Related Information: See 45 CFR 1304.50(e) on Parent Committee responsibilities.

Guidance: Parent Committees are allowed broad latitude when planning, coordinating, and organizing activities. Grantee Policy Councils and delegate Policy Committees, as well as staff, are available to support the Parent Committees in planning these activities, as needed, by:

- Encouraging parents to discuss all parent activities that the program currently sponsors and to assess the effectiveness of those activities;
- Obtaining input from parents about what they would like to do in the program;
- Assisting in securing funding, personnel, and other resources to support desired activities;
- Discussing when to use parent activity funds to help carry out proposed activities; and
- Encouraging Parent Committees to take responsibility for submitting a recommended budget for parent activity funds for the following year to the Policy Council or Policy Committee.

Performance Standard

1304.50(d)(2)(iv)

(iv) Assist in recruiting volunteer services from parents, community residents, and community organizations, and assist in the mobilization of community resources to meet identified needs; and

Related Information: See 45 CFR 1304.41(a)(3) for information on volunteer outreach.

Guidance: In order to assist in recruiting volunteers and in mobilizing community resources, Policy Councils and Policy Committees:

- Work with the Parent Committees to encourage parent participation;
- Identify how volunteers and community resources can extend program services;
- Assess the types and quality of volunteer opportunities;
- Suggest where to look for community volunteers and resources;
- Supplement agency volunteer outreach efforts; and
- Collaborate with local foundations and other organizations to mobilize resources.

Performance Standard

1304.50(d)(2)(v)

(v) Establish and maintain procedures for working with the grantee or delegate agency to resolve community complaints about the program.

Related Information: See function (II)(e) in the chart, "Governance and Management Responsibilities," in Appendix A of this section; and see 45 CFR 1304.51(b) regarding communication with the community.

Guidance: The following are suggested procedures for fostering good community relations and resolving community complaints:

- Foster positive community relations by being proactive with local agencies;
- Conduct outreach to community agencies or individuals to solicit constructive suggestions for quality improvement;
- Establish a follow-up process to respond to all community inquiries; and
- Develop procedures that describe specific steps in the process for addressing community concerns and for resolving complaints and make copies of such procedures available widely.

Performance Standard

1304.50(e)(1), (2) & (3)

(e) Parent Committee.

The Parent Committee must carry out at least the following minimum responsibilities:

(1) Advise staff in developing and implementing local program policies, activities, and services;

(2) Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; and

(3) Within the guidelines established by the governing body, Policy Council, or Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees.

Rationale: Parent Committees provide all parents with a broad range of opportunities to participate in the shared decision-making process.

Related Information: See 45 CFR 1304.40, Family Partnerships, sections (a)(4), (a)(5), (d), (e) and (f) for information on parent involvement, parent education programs, and other interactions with parents.

Guidance: Parent Committees contribute to program development and operations in many ways, including, but not limited to:

- Electing policy group representatives;
- Becoming involved in the development of the program's curriculum and approach to child development and education (see 45 CFR 1304.21(a)(2)(i) and 45 CFR 1304.40(e)(1));
- Designing program activities planned for various program settings, group socialization experiences, and weekly home visits;
- Locating resources to carry out program activities;
- Bringing parents together to share common interests;
- Working with the Policy Council or Policy Committee to support program development and implementation; and
- Planning programs and activities for parents and staff. Parent Committees are encouraged to discover and discuss what parents would like to do and what they would like to learn; and to discuss how these ideas can be carried out with or without staff assistance.

In addition, Parent Committee members play a vital role in the recruitment and screening of employees. Within the guidelines established by the Policy Council or Policy Committee, members of Parent Committees:

- Assist agencies to determine how and where to recruit potential employees;
- Help determine the selection criteria; and
- Participate in the interview process.

Performance Standard 1304.50(f)

(f) Policy Council, Policy Committee, and Parent Committee reimbursement.

Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members.

Guidance: Reimbursements to low-income members for reasonable expenses in fulfilling their group responsibilities are provided by the grantee or delegate agency from grant funds. Agency procedures and policy group bylaws may contain definitions of necessary reimbursement and reasonable expenses, which may include:

- travel, lodging, and per diem expenses, in line with agency policies for staff travel,
- child care expenses, and
- other expenses deemed appropriate.

Performance Standard 1304.50(g)(1) & (2)

(g) Governing body responsibilities.

(1) Grantee and delegate agencies must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program.

(2) Grantee and delegate agencies must ensure that appropriate internal controls are established and implemented to safeguard Federal funds in accordance with 45 CFR 1301.13.

Related Information: See functions (II)(b),(f) and (g) of the chart, "Governance and Management Responsibilities," in Appendix A of this section; 45 CFR 1304.50(d)(1)(ii) about shared decision-making between the governing body and the appropriate policy group; 45 CFR 1304.51(h)(1) concerning financial reporting systems; and 45 CFR 1304.52(k)(4) about training.

Guidance: The responsibilities of the governing body include, but are not limited to:

- Ensuring compliance with Federal laws and regulations, including the *Head Start Program Performance Standards*, as well as applicable State, Tribal, and local laws and regulations, including laws defining the nature and operations of the governing body;
- Understanding the Head Start philosophy and the role of parents and the Policy Council or Policy Committee in the Head Start shared governance structure, including the need to secure approval of policies and procedures by the grantee Policy Council or delegate Policy Committee;
- Being fiscally and legally accountable for overseeing the Head Start program, including taking general responsibility for guiding and directing planning, general procedures, and

human resources management, as outlined in the chart, "Governance and Management Responsibilities" in Appendix A to this section; and

- Ensuring that their agency develops an internal control structure to
  - — safeguard Federal funds,
  - — comply with laws and regulations that have an impact on financial statements,
  - — detect or prevent noncompliance, and
  - — receive audit reports and direct and monitor staff implementation of corrective actions.

In addition, members of the governing body support the program by:

- Identifying and developing resources to augment Federal funds;
- Visiting or volunteering in classrooms and other program activities;
- Becoming involved in the self-assessment process;
- Initiating joint training opportunities with the Policy Council or Policy Committee;
- Establishing mentoring programs which match governing body members with members of the policy groups or other interested individuals; and
- Obtaining feedback from parents and community members about the quality of services.

Performance Standard

1304.50(h)

(h) Internal dispute resolution.

Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group.

Guidance: The governing body and relevant policy group of each grantee or delegate agency have the responsibility for writing and following their own procedures for resolving internal disputes. It is important to develop and formally adopt dispute resolution policies on a proactive basis. Therefore, agencies:

- Consider using community resources to assist in developing resolution procedures and in resolving disputes;
- Set procedures for seeking outside assistance from community-based organizations for the negotiation, mediation or arbitration of disputes that threaten to disrupt services to children and families; and
- Ensure that new policy group members are made aware of the process.

Performance Standard

Appendix A to 1304.50

Governance and Management Responsibilities.

See chart on following pages.

Related Information: See paragraphs (c), (d), (f), (g), and (h) of this section, as well as 45 CFR 1304.51(a) and 45 CFR 1304.52 (a) and (c) for further guidance on governance and management responsibilities.

Guidance: The chart, "Governance and Management Responsibilities," Appendix A to 45 CFR 1304.50, restates the responsibilities and outlines the interactions of governing bodies, policy groups, and agency management staff.

Knowledge of the connections between all elements represented by the chart is critical to understanding the responsibilities of each individual or group. The chart provides a "bridge" linking the governance structure described in 45 CFR 1304.50 with the management functions described in 45 CFR 1304.51 and 45 CFR 1304.52.

To effectively implement shared decision-making, members of governing bodies, policy groups, and agency management teams adopt a holistic view of the complete system of program design and management and of how this system is integrated with the entire set of *Head Start Program Performance Standards*.

§1304.50 Appendix A: Governance and Management Responsibilities

A=General responsibility B=Operating responsibility C=Must approve or disapprove D=Determined locally	Grantee agency		Delegate agency		Grantee or delegate management staff	
Function	**Governing body**	**Policy Council**	**Governing body**	**Policy Cmte.**	**HS* program director**	**Agency director**
I. Planning						
(a) 1304.50(d)(1)(iii) Procedures for program planning in accordance with this Part and the requirements of 45 CFR 1305.3.	A & C	C	C	C	B	D
(b) 1304.50(d)(1)(iv) The program's philosophy and long- and short-range program goals and objectives (see 45 CFR 1304.51(a) and 45 CFR 1305.3 for additional requirements regarding program planning).	A & C	C	C	C	B	D
(c) 1304.50(d)(1)(v) The selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively) (see 45 CFR 1301.33 and 45 CFR 1305.3(a) for additional requirements about delegate agency and service area selection, respectively).	A & C	C	—	—	B (Grantee only)	D (Grantee only)
(d) 1304.50(d)(1)(vii) Criteria for defining recruitment, selection, and enrollment priorities, in accordance with the requirements of 45 CFR Part 1305.	A	C	A	C	B	D
(e) 1304.50(d)(1)(i) All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils).	A & C	C	A & C	C	B	D
(f) 1304.50(f) Policy Council, Policy Committee, and Parent Committee reimbursement. Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members.	A	C	A	C	B	D
(g) 1304.50(d)(1)(viii) The annual self-assessment of the grantee or delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review (see 45 CFR 1304.51(i)(1) for additional requirements about the annual self assessment).	A	C	A	C	B	D

* See the key and definitions at the end of the chart.

A = General responsibility B = Operating responsibility C = Must approve or disapprove D = Determined locally	**Grantee agency**		**Delegate agency**		**Grantee or delegate management Staff**	
Function	**Governing body**	**Policy Council**	**Governing body**	**Policy Cmte.**	**HS* program director**	**Agency director**
II. General Procedures						
(a) 1304.50(d)(1)(vi) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen.	A & C	C	A & C	C	B	D
(b) 1304.50(g)(1) Grantee and delegate agencies must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program.	A & C	—	A & C	—	—	D
(c) 1304.50(d)(1)(ii) Procedures describing how the governing body and the appropriate policy group will implement shared decision-making.	A & C	C	A & C	C	D	D
(d) 1304.50(h) Internal dispute resolution. Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group.	A & C	C	A & C	C	D	D
(e) 1304.50(d)(2)(v) Establish and maintain procedures for hearing and working with the grantee or delegate agency to resolve community complaints about the program.	B	B	B	B	D	D
(f) 1304.50(g)(2) Grantee and delegate agencies must ensure that appropriate internal controls are established and implemented to safeguard Federal funds in accordance with 45 CFR 1301.13.	A	—	A	—	D	D
(g) The annual independent audit that must be conducted in accordance with 45 CFR 1301.12.	A	—	A	—	D	D

* See the key and definitions at the end of the chart.

A = General responsibility B = Operating responsibility C = Must approve or disapprove D = Determined locally	Grantee agency		Delegate agency		Grantee or delegate management staff	
Function	**Governing body**	**Policy Council**	**Governing body**	**Policy Cmte.**	**HS* program director**	**agency director**
III. Human Resources Management						
(a) 1304.50(d)(1)(ix) Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers.	A & C	C	A & C	C	D	D
(b) 1304.50(d)(1)(x) Decisions to hire or terminate the Early Head Start or Head Start director of the grantee agency.	A & C	C	—	—	—	D
(c) 1304.50(d)(1)(xi) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee agency.	A	C	—	—	B (Grantee only)	D
(d) 1304.50(d)(1)(x) Decisions to hire or terminate the Early Head Start or Head Start director of the delegate agency.	—	—	A & C	C	—	D
(e) 1304.50(d)(1)(xi) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the delegate agency.	—	—	A	C	B (Delegate only)	D

KEY AND DEFINITIONS AS USED IN CHART

- * When a grantee or delegate agency operates an Early Head Start program only and not an Early Head Start and a Head Start program, these responsibilities apply to the Early Head Start Director.

A. General Responsibility. The group with legal and fiscal responsibility that guides and oversees the carrying out of the functions described through the individual or group given operating responsibility.

B. Operating Responsibility. The individual or group that is directly responsible for carrying out or performing the functions consistent with the general guidance and oversight from the group holding general responsibility.

C. Must Approve or Disapprove. The group that must be involved in the decision-making process prior to the point of seeking approval. If it does not approve, a proposal cannot be adopted, or the proposed action taken, until agreement is reached between the disagreeing groups.

D. Determined locally. Functions as determined by the local governing body and in accordance with all Head Start regulations.

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1304.51

Management Systems and Procedures

(a) Program Planning

(b) Communications - General

(c) Communication with Families

(d) Communication with Governing Bodies and Policy Groups

(e) Communication Among Staff

(f) Communication with Delegate Agencies

(g) Record-keeping Systems

(h) Reporting Systems

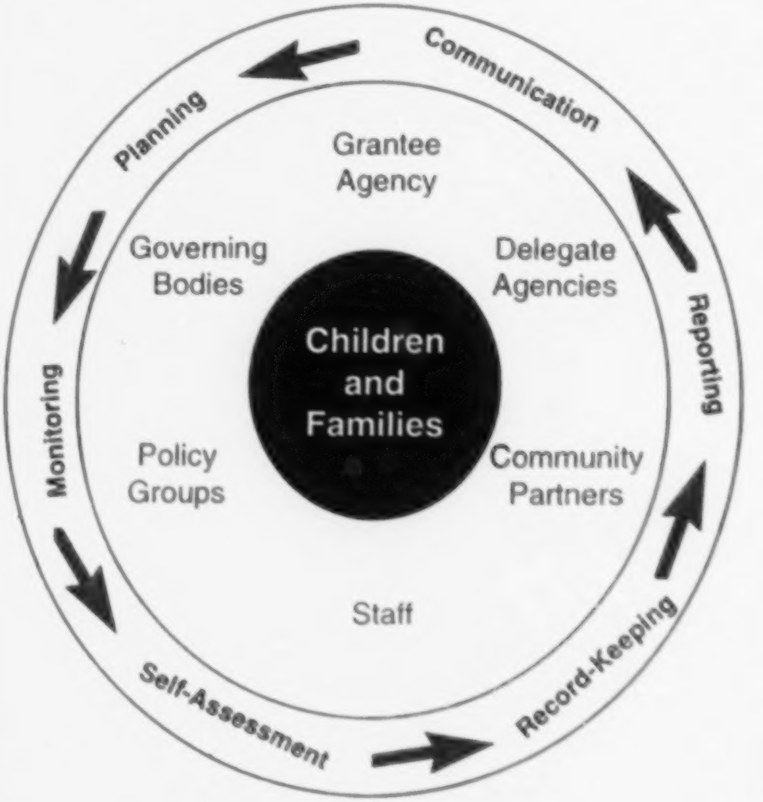
(i) Program Self-Assessment and Monitoring

INTRODUCTION TO 1304.51

The objective of 45 CFR 1304.51 is to establish dynamic and cohesive management systems that support continuous improvement and foster commitment to providing the highest level of services to children and families in accordance with legislation, regulations, and policies.

Management systems and procedures are part of each program's on-going and organized approach to managing Head Start services. They are all connected and inter-related with each impacted by the others and all influencing and influenced by program services. The graphic below is intended to convey this message. With all of these systems, the emphasis is as much on the process involved in their implementation as it is on the product that may come from implementation.

The standards in this section are written to allow grantees great flexibility in designing the approach that will work best in their program and community. Through designing and implementing effective systems for program planning, communication, record-keeping, reporting, and program self-assessment and monitoring, each Head Start program has greater ability to integrate the various functions of Head Start and provide high quality services to children and families.


Communication
Planning
Monitoring
Self-Assessment
Record-Keeping
Reporting
Grantee Agency
Governing Bodies
Delegate Agencies
Children and Families
Policy Groups
Community Partners
Staff

Performance Standard 1304.51(a)(1)(i)-(iii)

(a) Program Planning.

(1) Grantee and delegate agencies must develop and implement a systematic, ongoing process of program planning that includes consultation with the program's governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children. Program planning must include:

(i) An assessment of community strengths, needs and resources through completion of the Community Assessment, in accordance with the requirements of 45 CFR 1305.3;

(ii) The formulation of both multi-year (long-range) program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Early Head Start and Head Start, and reflect the findings of the program's annual self-assessment; and

(iii) The development of written plan(s) for implementing services in each of the program areas covered by this part (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management). (See the requirements of 45 CFR Parts 1305, 1306 and 1308.)

Rationale: Program planning occurs in a continuous cycle, involving key members of the Head Start community. Planning, therefore, is critical for setting clear program goals and for defining an organized approach to program services driven by the specific priorities of the community. *This rationale serves 45 CFR 1304.51(a)(1)(i)-(iii).*

Related Information: Many planning activities are mandated by regulations, including:

- completion of the Community Assessment (see 45 CFR 1305.3 and 45 CFR 1304.51(a)(1)(i)),
- formulation of long-range program goals and short-term program and financial objectives (see 45 CFR 1304.51(a)(1)(ii)),
- involvement of policy groups in formulating long-range goals and short-term objectives (see 45 CFR 1304.50(d)(1)(iv)),
- development of written plan(s) for implementing services in all program areas (see 45 CFR 1304.51(a)(1)(iii)), and
- completion of program self-assessments and agency and delegate monitoring activities (see 45 CFR 1304.51(i)).

Also see 45 CFR 1304.50(d)(iii) and 45 CFR 1304.51(a)(2), on involving policy groups in program planning.

Guidance: Program planning is an active and dynamic process in which ideas and strategies are shared, discussed, and updated as local circumstances and the needs of children and families change. Planning involves key members of the Head Start community, including staff, parents, governing body, policy group, advisory committee members and community representatives; and any plan represents the viewpoints of persons affiliated with all program options and all agency locations. The planning process also results in a written plan or a series of plans that describe an agency's approach to serving children and families. This plan or series of plans will impact all program products and processes so that all aspects of the program reflect an integrated approach to services.

Planning strategies include:

- Orienting participants to the mission, goals, and philosophy of the agency and the Head Start program; and
- Scheduling times for planning that are appropriate and convenient for those involved, paying special attention to the kinds of accommodations that parents may require in order to participate.

Planning begins with the Community Assessment, through which agencies collect data about community strengths, needs, and resources. Agencies use these data to make decisions about the types of services they will provide for children and families.

Examples of decisions that agencies make on the basis of the Community Assessment include:

- the program options and settings the agency will provide, such as the center-based, home-based, combination or family child care locations, and the hours of operation,
- the organizational structure it will use to implement these options,
- the kinds of staff skills and experience the agency needs, including the staff composition necessary to reflect the languages, cultures, and heritage of members of the community, and
- the services that the agency will provide directly and those it will provide through community collaboration and referrals.

Agencies consider the ways in which they could collaborate with other local service providers in conducting the Community Assessment and in interpreting its results. For example, agencies could conduct joint, initial Community Assessments or annual updates with other organizations, such as child care agencies and other organizations serving young children and their families. They could also meet with representatives of such organizations to discuss the roles each agency plays in meeting identified community interests and need or to leverage local resources.

Goal setting is an ongoing, dynamic process that stems from the Community Assessment and helps to establish agreed-upon priorities about what the agency expects to accomplish in the short- and long-term. Once established, goals and objectives are periodically reviewed and revised to respond to changes in the community.

It is helpful to distinguish between long-range program goals and short-term program and financial objectives in the planning process. Program goals are usually broad statements of what the program wants to accomplish in an overall sense and in each of the program areas. Program and financial objectives include specific steps that need to be taken to accomplish the long-range goals. The target date for achieving short-term objectives is often one year or less.

A written plan or set of plans is an outcome of a process of program planning that documents the agency's strategies for implementing the *Head Start Program Performance Standards* and other applicable regulations, along with its own goals and objectives. For example, an agency may choose to prepare a single "strategic plan" which comprehensively discusses the results of the planning process. Another agency may choose to write separate plans for each service area. Agencies are encouraged to "tailor" plans to their own requirements. In addition, the outcomes of the planning process may include changes in grantee procedures (e.g., Community Assessment, recruitment) or documents (e.g., statement of goals and objectives, curriculum for children).

The process for developing the written plan(s) can vary widely from agency to agency. However, the process invariably includes developing a strategy for involving parents, staff, and policy group members in the development of the plan or plans.

As needed, consultants may be called upon to assist with preparing specific sections of the plan. Staff also can consult with the Health Services Advisory Committee in developing sections of the plan dealing with Early Childhood Development and Health Services.

Performance Standard

1304.51(a)(2)

(2) All written plans for implementing services, and the progress in meeting them, must be reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and must be revised and updated as needed.

Rationale: Policy group members are involved in reviewing program plan(s) to ensure they adequately reflect the needs and concerns of enrolled children and their families.

Guidance: Written plans are meant to be "working documents." Therefore, a review of plans and agency progress toward meeting the objectives of those plans could be a regularly scheduled topic at staff and policy group meetings. Examples of strategies for involving staff and policy group members in the regular review of plans include:

- Introducing staff and policy group members to program plans through small group orientation sessions;
- Providing updated information about program plans in regular bulletins or newsletters; and
- Organizing program staff and policy group members into committees or subcommittees charged with making necessary revisions or updates to the program plans or selected portions of those plans.

Performance Standard

1304.51(b)

(b) Communications - general.

Grantee and delegate agencies must establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community.

Rationale: A communication system ensures the exchange of information that allows individuals to become fully involved in program activities and to make group decisions that promote a quality program. To be effective, information flows to and from parents, staff, governing bodies, delegate agencies and community groups. *This rationale serves 45 CFR 1304.51(b)-(f).*

Related Information: More specific guidance on communication with parents, governing bodies and policy groups, staff, and delegate agencies is provided in 45 CFR 1304.51(c). For information about communicating with community partners, see 45 CFR 1304.41(a).

Guidance: When establishing systems of communication, agencies consider the following issues:

- What information is important to members of the Head Start community;
- When people need to receive information;
- How the information should be communicated; and

- Whether communication flows both to and from parents, governing bodies, delegate agencies, policy groups, staff, and the general community in a timely fashion.

Communication comes in many forms: informal and formal, written and face-to-face, verbal and non-verbal, textual and graphic. Strategies used to communicate often can be as important as the content of the message being communicated.

Performance Standard

1304.51(c)(1) & (2)

(c) Communication with families.

(1) Grantee and delegate agencies must ensure that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.

(2) Communication with parents must be carried out in the parents' primary or preferred language or through an interpreter, to the extent feasible.

Related Information: Head Start regulations require effective communication with families in a language that each family understands (see 45 CFR 1304.52(b)(4)), and the conduct of specific activities that enhance staff-parent communication, including:

- opportunities for engaging in a family partnership agreement process (see 45 CFR 1304.40(a)(2)),
- home visits involving parents, home visitors or teachers, and, as appropriate, the enrolled child, and other staff members (see 45 CFR 1306.33 and 45 CFR 1304.40(i)),
- staff-parent conferences conducted as needed, but at least twice a year (see 45 CFR 1304.40(e)(5)),
- representation by parents and staff on Individualized Education Program (IEP) development teams (see 45 CFR 1308.19), and
- ongoing communication with parents regarding follow-ups that address identified health needs (see 45 CFR 1304.20(c)(1)).

See 45 CFR 1304.40(e)(3) for additional information on communicating with parents regularly, and 45 CFR 1304.50(d)(2)(ii), on policy group and Parent Committee communications with parents.

Guidance: The communication system includes opportunities for agencies to share and receive information on program activities, goals, and philosophy, as well as opportunities for parents to share and receive feedback on their child. Such communication is carried out in a variety of ways, such as:

- orientation activities,
- regular, informal telephone or face-to-face conversations, or notes in the parents' preferred language, and
- newsletters.

To make communication efforts more effective, the agency communicates, to the extent possible, in the parent's preferred language. Examples of ways to communicate with parents in their primary or preferred language include:

- Collaborating with local community organizations, such as ethnic associations and refugee or immigrant aid agencies, for assistance in communicating with parents; and

- Drawing upon parents and members of the local community to obtain bilingual staff and interpretation services and to ensure sensitivity to family culture and heritage (see 45 CFR 1304.52(g)(2)).

Performance Standard

1304.51(d)

(d) Communication with governing bodies and policy groups.

Grantee and delegate agencies must ensure that the following information is provided regularly to their grantee and delegate governing bodies and to members of their policy groups:

(1) Procedures and timetables for program planning;

(2) Policies, guidelines, and other communications from HHS;

(3) Program and financial reports; and

(4) Program plans, policies, procedures, and Early Head Start and Head Start grant applications.

Related Information: See 45 CFR 1304.50(d)(1)(ii) for information on communication between governing bodies and policy groups.

Guidance: As a part of the communication system, agencies use strategies to ensure that members of governing bodies and policy groups understand the information specified in this Performance Standard and its implications. Strategies include:

- Providing new members of governing bodies and policy groups with an orientation packet, as described in the guidance to 45 CFR 1304.52(k)(4), and with the appropriate training necessary to understand and participate in collective decision-making;
- Ensuring that policy group and governing body members have adequate preparation time to review and "digest" material they receive from the agency; and
- Facilitating discussions and an open exchange of ideas on program plans, policies, procedures, and reports at the meetings of policy groups and governing bodies.

Performance Standard

1304.51(e)

(e) Communication among staff.

Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.

Guidance: An effective staff communication system supports the ongoing exchange of information among staff, is focused on quality of services, and represents the best interests of children and families. Effective formal and informal communication methods include:

- Establishing a supportive climate in which open and frequent staff communication is encouraged and appreciated, so that staff can freely share their ideas and concerns and provide constructive feedback to their colleagues and supervisors;
- Considering various ways that regularly scheduled staff meetings at all levels of the agency can be used to facilitate staff input and discussions; and

- Utilizing computer technology to support and enhance staff communication and to minimize geographical constraints — through electronic bulletin board systems, electronic mail, and Internet access.

Performance Standard

1304.51(f)

(f) Communication with delegate agencies.

Grantees must have a procedure for ensuring that delegate agency governing bodies, Policy Committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner.

Guidance: It is the responsibility of each grantee agency to design procedures for ensuring that delegate agencies receive, understand, and respond to pertinent information in a timely manner. Strategies to accomplish this include:

- Bringing representatives from the delegate agencies together when new regulations, plans, policies, program instructions or information memoranda are released by the Head Start Bureau or the grantee agency;
- Providing regular informational meetings, newsletters, a central library of resources, and joint staff training and technical assistance;
- Designating regular grantee staff liaisons to delegate agencies; and
- Making use of current technologies (such as conference calling, electronic bulletin boards, and E-mail) that minimize communication constraints related to distance.

Performance Standard

1304.51(g)

(g) Record-keeping systems.

Grantee and delegate agencies must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.

Rationale: Effective record-keeping and reporting systems provide the information needed to individualize programs for children and families, to monitor the quality of program services, to assist in program planning and management, and to ensure the delivery of quality services. These systems also provide documentation that agencies are meeting program requirements and other Federal, Tribal, State, and local laws. To ensure that privacy rights are respected in these systems, safeguards are developed and maintained. *This rationale serves 45 CFR 1304.51(g)-(h).*

Related Information: Agencies are required to develop written confidentiality policies to ensure that all staff are aware of and implement those policies correctly (see 45 CFR 1304.52(h)(1)(ii)).

Regulation 45 CFR 1304.41(c)(1)(i) requires agencies to coordinate with schools and other agencies to ensure that relevant child records are transferred to and from other child placements or schools, which includes transfers among Head Start migrant programs and centers.

State or Tribal law may dictate the length of time that certain records are maintained; and recipients of Federal grants are required to maintain their records, in principle, for a minimum of three years.

Guidance: In building an effective record-keeping system, agencies consider what information they need to collect, who needs to receive it, and how it should be stored. The following factors are considered when establishing and maintaining record-keeping systems:

- **Use of standard forms.** Standard forms simplify information collection and record keeping, if they are designed in a way that minimizes unnecessary writing.
- **Recording and storage of useful information.** Staff ar encouraged to review periodically the usefulness of recorded information and to avoid the unnecessary paperwork and files associated with information duplication.
- **Confidentiality of information.** The agency's policy on confidentiality of information incorporates the following:
  - Controlling access to files and prohibiting parents and volunteers from reviewing any records other than their own;
  - Developing family permission forms for the release of information to and from agencies or individuals, and storing forms signed by the responsible adult; and
  - Familiarizing relevant staff with all laws governing confidentiality policies, particularly as they pertain to interagency collaborations in which information about children and families is shared.
- **Use of computer technology.** If used properly, computers allow staff to:
  - Share information readily across wide geographical distances;
  - Quickly aggregate financial or program data for use by program planners or decision makers;
  - Generate and produce standard forms used regularly by agencies; and
  - Up-date, store, and retrieve program records quickly and easily.
- **Transfer of records.** When children and families transition from Head Start, records go with them with parental consent. Especially among migrant programs, where grantees assist with the rapid transfer of records to the families' next destination, effective record-keeping systems ensure a smooth, timely transfer.

Performance Standard

1304.51(h)(1)

(h) Reporting systems.

Grantee and delegate agencies must establish and maintain efficient and effective reporting systems that:

(1) Generate periodic reports of financial status and program operations in order to control program quality, maintain program accountability, and advise governing bodies, policy groups, and staff of program progress; and

Guidance: The following are strategies to consider when designing and implementing effective and efficient reporting systems:

- **Identification of critical reports.** Staff are encouraged to consult with each of their funding sources and with their State and local licensing agencies for complete lists of reports that agencies may be required to produce in areas such as personnel qualifications, facilities and property, and health, safety, and sanitation. In addition, management staff may wish to consult with governing bodies and policy groups to determine the discretionary reports that will allow those groups and staff to most effectively plan and manage the program and its finances.
- **Report content and structure.** Agencies produce reports that are clear, accurate, and readable. These reports will help staff, governing bodies, and policy groups with varying levels of experience and education to make informed decisions concerning the program.
- **Frequency of reports.** Establishing a time schedule for the release of reports allows staff, governing bodies, and policy groups to schedule meetings when up-to-date information is available.

Performance Standard

1304.51(h)(2)

(2) Generate official reports for Federal, State, and local authorities, as required by applicable law.

Guidance: Examples of official reports that are likely to be required of local agencies include:

- reports required by the Head Start Bureau, HHS or other offices, including Program Information Reports (PIRs), financial audit reports, and reports of financial status and expenditures (SF-269s),
- annual returns filed by independent non-profit agencies with the Federal Internal Revenue Service (IRS) and, in some States, with State agencies,
- forms providing information on payroll taxes, such as Social Security (FICA) taxes, withholding of income taxes, Federal unemployment (FUTA) and State unemployment taxes,
- reports of meals served, menus, and training provided for the USDA meal programs,
- program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency, and
- other reports required by Federal, State, Tribal, or local law.

Performance Standard

1304.51(i)(1)

(i) Program self-assessment and monitoring.

(1) At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.

Rationale: As a method of measuring agency accomplishments, strengths, and weaknesses, self-assessment allows for the continuous improvement of program plans and service delivery methods; and for the enhancement of program quality and timely responses to issues that arise in the community, the program, and among enrolled families. The self-assessment process also provides an opportunity for involving parents and community stakeholders, and for making staff more aware of how the program is viewed by its consumers. *This rationale serves 45 CFR 1304.51(i)(1)-(3).*

Related Information: See 45 CFR 1304.50(d)(1)(viii) for information on policy group participation in the annual self-assessment.

Guidance: A critical element to a successful self-assessment is the ongoing participation and oversight of the policy groups. After considering the following suggested steps, each grantee and delegate agency establishes its own structured self-assessment process:

- **Specify a time schedule.** As part of the continuous cycle of program planning, self-assessments are scheduled in a way that responds flexibly to the agency's need for review and evaluation.
- **Select a self-assessment team.** Depending upon the specific focus of the self-assessment, consider including staff, policy group members, parents, representatives from community organizations, governing body members, and staff from other Head Start agencies on the self-assessment team. Staff may participate in reviews of program areas outside their own area of responsibility to build a broader base of staff expertise, perspective, and understanding of how the organization works as a team.
- **Provide training about the self-assessment process.** Agencies are encouraged to provide all members of the Head Start community with information concerning the purposes of the self-assessment, the agency's preferred methods of accomplishing an assessment, and the agency's policy on confidentiality. Members of the self-assessment team can be assigned specific roles and be trained for those roles.
- **Assess the program** by collecting information about program practices, and comparing that information with the goals and objectives established in program plans and with the *Head Start Program Performance Standards* and other relevant Federal, Tribal, State, and local regulations. All aspects of program operations can thus be evaluated. Agencies are encouraged to draw upon a variety of monitoring tools, in addition to the *Head Start Program Performance Standards* and monitoring instruments used by the Federal government, to help them with their task.
- **Analyze and share findings.** Agencies are encouraged to analyze assessment findings and to openly discuss what the

data have to say about agency strengths, weaknesses, and accomplishments with staff, policy groups, and governing bodies. Grantee agencies also may consider sharing self-assessment findings with Regional Office staff, before Federal reviews, in order to improve linkages between self-assessment and Federal monitoring processes.

- **Develop and implement action plans.** Strong action plans identify the specific steps that agencies need to take in order to build on program strengths and to implement the changes necessary to correct areas of weakness. Plans indicate where responsibility for change lies and the time frames in which change should occur.
- **Make evaluations ongoing.** The impact of proposed changes are evaluated during subsequent self-assessments, to ensure that the results of the changes are beneficial to the program and to the children and families served.

Performance Standard

1304.51(i)(2)

(2) Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal regulations.

Rationale: Ongoing, regular monitoring by grantee agencies helps to assess grantee and delegate operations, to ensure that necessary steps are being taken to meet Federal regulations as well as local goals and objectives, and to ensure that appropriate interventions are taken in a timely manner. Ongoing monitoring also helps to build trust and strong partnerships between grantee and delegate agencies, which allow them to share best practices and program strengths and to support one another's progress toward program excellence.

Related Information: See 45 CFR 1304.51(h)(1) concerning the maintenance of reporting systems to control program quality and maintain program accountability. See 45 CFR 1304.51(d) and (e) on the maintenance of regular and effective communication with governing bodies and policy groups and among staff.

Guidance: Internal grantee monitoring is an ongoing process in which an agency analyzes program reports, self-assessment findings, written plans, and other important documents to determine whether its program of services and fiscal operations are in compliance with Federal regulations.

Grantees with delegate agencies are encouraged to use their own monitoring responsibilities as an opportunity to build cooperative relationships between grantee and delegate agency staff. Strategies that help agencies build these interdependent relationships include:

- Holding regular meetings between the staff of each agency, to decide how the groups can best work together to support one another's program goals and services;
- Ensuring the participation of grantee agency staff and parents on the self-assessment teams of delegate agencies, as well as on those of their own programs; and

- Providing training and technical assistance in areas identified by grantee or delegate agency staff or governing bodies.

Performance Standard

1304.51(i)(3)

(3) Grantees must inform delegate agency governing bodies of any deficiencies in delegate agency operations identified in the monitoring review and must help them develop plans, including timetables, for addressing identified problems.

Related Information: A process for appeals to grantees by current or prospective delegate agencies is established in 45 CFR Part 1303, Subpart C; 45 CFR 1304.60, and 45 CFR 1304.61.

Guidance: In order to assist delegate agencies' governing bodies in their oversight responsibilities, grantee agencies:

- Develop strong cooperative partnerships with delegate agencies that allow grantees to support delegates' efforts to reach their goals and to both implement quality services and identify problems early (see 45 CFR 1301.51(i)(2) for additional information);
- Establish mentoring relationships so that well-performing delegate agencies assist those who are performing less well;
- Promptly inform delegate agency governing bodies of any problems identified through the grantee agency's work with and review of the delegate agency programs or through the Federal monitoring process;
- Enter into dialogue with delegate agencies to address any disagreements about identified deficiencies;
- Work with delegate agencies to set priorities for addressing areas of deficiency in delegate agency operations, including the development of the quality improvement plan (QIP);
- Establish schedules to ensure that deficiencies in delegate agency operations are corrected in a timely manner; and
- Specify the consequences of deficiencies that are not corrected and mutual grantee and delegate agency responsibilities for correcting them.

1304.52

Human Resources Mangement

(a) Organizational Structure

(b) Staff Qualifications - General

(c) Early Head Start or Head Start Director Qualifications

(d) Qualifications of Content Area Experts

(e) Home Visitor Qualifications

(f) Infant and Toddler Staff Qualifications

(g) Classroom Staffing and Home Visitors

(h) Standards of Conduct

(i) Staff Performance Appraisals

(j) Staff and Volunteer Health

(k) Training and Development

INTRODUCTION TO 1304.52

The objective of 45 CFR 1304.52 is to ensure that grantee and delegate agencies recruit and select dynamic, well-qualified staff who possess the knowledge, skills, and experience needed to provide high quality, comprehensive, and culturally sensitive services to children and families in the program. Striving for continuous improvement, Head Start offers staff, as well as consultants, volunteers, and members of policy groups and governing bodies, opportunities and support for ongoing training and development.

Head Start is committed to establishing a learning environment in which children, parents, and staff can teach and learn from one another. This section discusses the organizational structure of agencies, staff qualifications, classroom staffing and home visitor requirements, staff standards of conduct, staff performance appraisals, and staff and volunteer health requirements. Training and development for staff, consultants, volunteers, and members of policy groups and governing bodies also are discussed.

Performance Standard

1304.52(a)(1)

(a) Organizational structure.

(1) Grantee and delegate agencies must establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure must address the major functions and responsibilities assigned to each staff position and must provide evidence of adequate mechanisms for staff supervision and support.

Rationale: An organizational structure describes how staff and functions are organized to fulfill the program's mission and goals. That structure also may describe how Head Start fits into a larger agency. A well-developed organizational structure establishes clear lines of communication and supervision, helps individuals understand their jobs, and assists staff in the smooth running of the agency.

Related Information: See 45 CFR 1301.31 for requirements regarding personnel policies, and 45 CFR 1306.20 for requirements concerning staffing patterns. See 45 CFR 1304.50, Appendix A: "Governance and Management Responsibilities," for further information regarding the functions and responsibilities of Head Start policy groups.

Guidance: A grantee or delegate agency's organizational structure may be formulated in many different ways, depending upon the results of the agency's planning process and other requirements set by Federal, State, Tribal, or local regulations. To define their own structure, staff may look first at how Head Start fits into the larger agency of which it is a part, and describe (in words or through an organization chart) where Head Start belongs.

Next, staff may describe the structure and staff functions within the Head Start or Early Head Start program itself. They also may prepare a narrative on some of the topics listed below:

- descriptions of the grantee agency and its departments, including the programs the agency sponsors and the support services it offers, as they relate to the Head Start program,
- a description of each staff position, including the knowledge, skills, and experience required, and an explanation of the lines of authority and supervision among positions,
- program staffing, including how the grantee or delegate agency ensures that teacher:child ratios are met, and
- Policy Council and Policy Committee functions, including relationships among policy groups, governing bodies, and key management staff in both the grantee and delegate agency.

Performance Standard

1304.52(a)(2)(i)

(2) At a minimum, grantee and delegate agencies must ensure that the following program management functions are formally assigned to and adopted by staff within the program:

(i) Program management (the Early Head Start or Head Start director);

Rationale: Sound and rational program management requires that responsibilities of staff be clearly stated and that someone be placed in charge of major functions. The way in which the agency chooses to assign these functions to staff is up to the individual agency. Each agency, however, has someone designated as the Head Start director to provide the program with vision and leadership, and to ensure management functions are properly carried out. *This rationale serves 45 CFR 1304.52(a)(2)(i)-(iii).*

Guidance: The responsibilities of the Head Start director depend upon the community, staff, and families served, the mission and structure of the organization, and the plans for the delivery of program services. Governing bodies consider the director's responsibilities in areas such as:

- communication, including interactions with the governing body, agency director, managers of other agency programs, the Policy Council, the Policy Committee, and parents,
- program planning,
- day-to-day program management and operations, including personnel administration and supervision,
- staff training and development, coaching, and mentoring,
- administration and maintenance of facilities, materials, and equipment,
- financial administration,
- assessment of staff and program operations, and
- community relations and advocacy.

Performance Standard

1304.52(a)(2)(ii) & (iii)

(ii) Management of early childhood development and health services, including child development and education; child medical, dental, and mental health; child nutrition; and, services for children with disabilities; and

(iii) Management of family and community partnerships, including parent activities.

Guidance: Agencies define the roles of individuals who will manage the delivery of services to children and families. Agencies assess their own size and complexity, geographic factors, and program goals and options as they determine the staffing patterns and job responsibilities of their managers. In some agencies, it may be appropriate to assign the management functions to several individuals, each with responsibility for a discrete portion of services. Regardless of the choice of organizational structure and job titles, this level of management is responsible for leadership, direction, and oversight in areas such as:

- planning, development, and implementation of operational procedures for the area of service,
- analyses of trends in the field, as well as data on children and families in the program,
- community linkages, to locate and access resources for families,
- staff and parent communication,
- personnel administration and supervision of staff, and
- team leadership, team building, staff training and development.

Performance Standard

1304.52(b)(1) & (2)

(b) Staff qualifications - general.

(1) Grantee and delegate agencies must ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly.

(2) In addition, grantee and delegate agencies must ensure that only candidates with the qualifications specified in this part and in 45 CFR 1306.21 are hired.

Rationale: One of the most important determinants of program quality is having qualified staff who interact with children and families and who ensure the provision of quality services.

Related Information: See 45 CFR 1301.31 for a description of the personnel policies to be used in the hiring process.

Guidance: The responsibility for ensuring that all staff and consultants have the appropriate knowledge, skills, and experience lies with grantee and delegate agency management in coordination with the appropriate policy groups. In considering the appropriateness of employing a staff member or retaining a consultant's services, managers consider the individual's:

- training or experience in the area of expertise required by the position,
- experience in a human services setting, including working with low-income children and families,
- interpersonal and communication skills, as needed for the position,
- awareness of and sensitivity to cultural issues and local community practices, including Tribal policies, where appropriate, and
- education related to the program's requirements for the position.

Agency management also take a proactive approach to finding and developing staff. On an ongoing basis, agency staff explore the community to identify individuals who would make successful staff members. They also adopt strategies (e.g., an ongoing mentoring program) to help develop the skills and knowledge of parents and staff already working in the program who wish to advance.

Performance Standard 1304.52(b)(3)

(3) Current and former Early Head Start and Head Start parents must receive preference for employment vacancies for which they are qualified.

Rationale: Parents are a vital resource for Head Start, because they are familiar with the Head Start philosophy and services, and because they are familiar with their community. The agency also is an important place for employment opportunities for parents and a vehicle for providing additional skills for parents who are seeking employment or who are already employed. Parents employed by Head Start serve as role models and mentors for other parents.

Guidance: Ways to support and encourage the parents of currently or previously enrolled children to apply for positions for which they qualify include:

- Providing opportunities for parents to receive skill-development or on-the-job training as part of the agency's parent involvement activities;
- Posting job vacancies in program settings, the newsletter, and in locations in the community such as churches and other religious centers, schools, clinics, laundromats, and stores; and
- Describing to parents how they can become qualified for various positions

Performance Standard 1304.52(b)(4)

(4) Staff and program consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.

Rationale: To establish an atmosphere of recognition and respect for the beliefs and practices of others, staff and consultants become familiar with the history, traditions, beliefs, and institutions of the cultures in the community served by the program. To meet the needs of families and children, staff and consultants communicate with them in their own language, to the extent possible.

Related Information: See 45 CFR 1304.51(c)(2) on communicating with parents in their primary or preferred language, and 45 CFR 1304.52(g)(2) regarding appropriate staffing strategies for bilingual staff.

Guidance: Agencies ensure that staff and consultants are familiar with the background and heritage of families in the program by:

- Recruiting qualified, bilingual staff and consultants who are culturally and ethnically diverse, thus ensuring an appropriate representation of the ethnicities and cultures of enrolled families;
- Using current and past parents and staff as resources for understanding different cultures;

- Making use of museums, libraries, artists, poets, writers, storytellers, musicians, and community theater groups to help staff and parents appreciate and enjoy diverse cultures;
- Offering staff development in anti-bias strategies and approaches to developing skills in accepting cultural differences and in conflict resolution; and
- Exploring the feasibility of sponsoring joint staff training in issues of cultural diversity with organizations such as local schools, social service groups, and other early childhood development programs.

Performance Standard 1304.52(c)

(c) Early Head Start or Head Start director qualifications.

The Early Head Start or Head Start director must have demonstrated skills and abilities in a management capacity relevant to human services program management.

Rationale: Leadership and management skills and abilities are essential to overseeing the staff and operations of a comprehensive, quality child and family program.

Guidance: To ensure that an appropriately qualified director is employed, agencies require that the director possess the following attributes:

- leadership ability,
- good interpersonal and communication skills, including the ability to work as part of a team, communicate effectively both orally and in writing, receive and provide feedback, and manage dynamic interchanges in meetings,
- the ability to develop and manage a budget,
- experience in human services program management, including program planning, operations, and evaluation, and the use of management information systems, and
- an understanding of the Head Start philosophy and the ability to implement its principle of shared authority and decision-making.

Agencies also may choose to specify levels of education, knowledge, or experience in substantive areas, such as theories of early childhood education and child development or techniques for working in partnership with families and for involving parents in program activities.

Performance Standard

1304.52(d)

(d) Qualifications of content area experts.

Grantee and delegate agencies must hire staff or consultants who meet the qualifications listed below to provide content area expertise and oversight on an ongoing or regularly scheduled basis. Agencies must determine the appropriate staffing pattern necessary to provide these functions.

Rationale: Head Start requires that content area experts have specialized knowledge, skills, and experience, and are able to provide oversight that ensures quality services are delivered to children and families. Content area experts can either be on staff or be consultants. *This rationale serves 45 CFR 1304.52(d)(1)-(8).*

Guidance: Agencies consider the qualifications of staff and consultants in all content areas to ensure that they support the implementation of a quality program. Agencies have the flexibility to organize staffing patterns in the way most effective for their families. Agencies may choose to employ an individual as a content area expert for each area discussed in the standards; or, agencies may combine content areas. Staff and consultants are available, on an ongoing or regularly scheduled basis, to implement their program area.

To ensure that appropriately qualified content area experts are available, agencies employ individuals with the ability to:

- Plan and administer the required program of services for children and families;
- Coordinate their program of activities with staff in other content areas and in other community agencies;
- Engage in ongoing assessment of the quality of services provided;
- Communicate effectively with others, including giving and receiving feedback on the quality of services;
- Cooperate successfully as a member of a team;
- Provide staff training and development, including on-site consultation, coaching, and mentoring to other staff;
- Furnish supervision for ongoing program development; and
- Meet any specific content area requirements.

Performance Standard 1304.52(d)(1)

(1) Education and child development services must be supported by staff or consultants with training and experience in areas that include: the theories and principles of child growth and development, early childhood education, and family support. In addition, staff or consultants must meet the qualifications for classroom teachers, as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.

Related Information: Content area experts in education services must meet the qualifications for classroom teachers specified in section 648A of the Head Start Act, which include:

- a current Child Development Associate (CDA) credential that is appropriate to the program option(s) used and to the age of the children served, or
- a State-awarded certificate for preschool teachers that meets or exceeds the requirements for a CDA credential, or
- an associate, baccalaureate, or advanced degree in early childhood education, or
- a degree in a field related to early childhood education, with experience in teaching preschool children and a State-awarded certificate to teach in a preschool program.

Guidance: To ensure that appropriately qualified content area experts in education and child development services are employed, agencies require the general abilities defined in the guidance to 45 CFR 1304.52(d), above, and other specific abilities, such as to:

- Guide the planning and implementation of a comprehensive child development program that meets the Head Start definition of curriculum in all program options and settings;
- Put into practice theories and sound principles of child and adult education; and
- Embrace the role of the parent as the primary educator of the child and promote and support attachment between parent and child.

Performance Standard 1304.52(d)(2)

(2) Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.

Guidance: To ensure that appropriately qualified content area experts in health services are employed, agencies require the general abilities defined in the guidance to 45 CFR 1304.52(d) and other specific abilities, such as to:

- Link families with an ongoing system of health care, assist parents in the selection of health providers, counsel them about child or family health problems, and promote parent involvement in all aspects of the health program;
- Negotiate with the Health Services Advisory Committee and local health care professionals and service providers to ensure that services for families are available and accessible;
- Review, evaluate, and interpret health records and other vital health service data; and
- Promote health and safety practices in the program and coordinate safety and sanitation procedures, first aid, and emergency medical procedures.

When health staff perform screenings, immunizations, or other health procedures for children, which, by State or Tribal regulation, require the services of a licensed or certified health professional, the agency must employ or contract with individuals possessing those credentials and provide appropriate oversight.

Performance Standard

1304.52(d)(3)

(3) Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.

Guidance: To ensure that appropriately qualified content area experts in nutrition services are employed, agencies identify individuals with characteristics such as the following:

- experience in menu planning, including the quantity, quality, and variety of food to be purchased;
- the abilities to interpret nutrition assessment data, provide nutrition counseling for families, and in other ways promote good nutrition habits among children and families; and
- expertise to assist staff in dealing with children with feeding problems or special nutritional needs.

Agencies that directly provide nutrition services ensure that the employee responsible for those services or the nutrition consultant who supports this staff member possesses a current registration with the Commission on Dietetic Registration of the American Dietetic Association or be eligible, registered, and ready to take the examination. A master's degree (MPH or MS) from an approved program in public health nutrition may be substituted for this registration. Agencies that contract for nutrition services ensure that staff in the agency with which they have contracted possess the necessary qualifications.

Performance Standard

1304.52(d)(4)

(4) Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.

Guidance: To ensure that appropriately qualified mental health professionals provide services to enrolled children and families, agencies identify individuals with characteristics such as the following:

- knowledge of treatment strategies in the areas of child behavior management and family crisis intervention,
- the ability to work with families in a supportive manner throughout the diagnostic and referral processes,
- the ability to work with staff to improve their own health and they, in turn, provide supportive services to families, and
- the ability to broker the services or to provide counseling and treatment for children and families with diagnosed problems.

In addition, agencies need to ensure that mental health staff and consultants have appropriate State, Tribal, or local license(s) or certification(s).

Performance Standard

1304.52(d)(5)

(5) Family and community partnership services must be supported by staff or consultants with training and experience in field(s) related to social, human, or family services.

Guidance: To ensure that appropriately qualified content area experts in family and community partnerships are employed, agencies hire individuals with the abilities defined in the guidance to 45 CFR 1304.52(d), above, and other specific abilities, such as to:

- Develop referral systems and procedures and coordinate social service referrals and follow-up;
- Provide on-site consultation to family and community partnerships staff;
- Oversee transition services (see 45 CFR 1304.40(h) and 45 CFR 1304.41(c) for descriptions of required transition activities); and
- Conduct advocacy work.

Performance Standard

1304.52(d)(6)

(6) Parent involvement services must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.

Guidance: To ensure that appropriately qualified content area experts in parent involvement services are employed, agencies require individuals with specific abilities, such as to:

- Oversee the recruitment, training, and scheduling of parent volunteers;
- Work with the Policy Council and Policy Committee, and serve as a resource for the Parent Committee;
- Assist parents in developing and scheduling their own social and developmental activities and encourage and support parents in addressing community needs; and
- Keep other agency staff apprised of parent issues, and assist staff in designing and implementing a comprehensive, well-integrated plan for parent involvement that crosses all service areas.

Performance Standard

1304.52(d)(7)

(7) Disability services must be supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

Related Information: See 45 CFR Part 1308 for further requirements for content area experts in disability services. In particular, see:

- 45 CFR 1308.4(m) for the role of the disabilities coordinator in the development of the service plan;
- 45 CFR 1308.6 for the involvement of the disabilities coordinator in the assessment of children;
- 45 CFR 1308.18(a) for the requirement that the disabilities coordinator work closely with health staff during the assessment process and any follow-up activities;
- 45 CFR 1308.18(b) for the requirement that the disabilities coordinator work with the mental health staff and consultants to identify children who show signs of problems;
- 45 CFR 1308.19(f) for membership on any Head Start Individualized Education Program (IEP) teams; and

- 45 CFR 1308.20(a) for the requirement that the disabilities coordinator ensure that the nutrition program meets the special needs of children with disabilities.

Guidance: To ensure that appropriately qualified content area experts in disability services are employed, agencies identify individuals with specific abilities, such as to:

- Coordinate the process of assessing children, including initial screenings, ongoing developmental, and specialized assessments, to determine if a disability exists;
- Work with an interdisciplinary team of staff and parents to develop and implement an Individualized Education Program (IEP) or Individualized Family Services Plan (IFSP) for each child with disabilities;
- Consult regularly with parents and staff on the progress of disabilities services and of the children with disabilities who are enrolled;
- Work closely with local school districts to ensure the coordination of services; and
- Advocate in the community for appropriate services for children with disabilities and their families.

In addition, agencies ensure that disabilities staff have a thorough understanding of Federal laws governing services to children with disabilities.

Performance Standard

1304.52(d)(8)

(8) Grantee and delegate agencies must secure the regularly scheduled or ongoing services of a qualified fiscal officer.

Guidance: To ensure that an appropriately qualified fiscal officer is available, agencies employ staff or consultants with specific abilities, such as to:

- Develop, monitor, evaluate, and report on financial control programs and procedures, including compensation and benefits, to policy groups and staff;
- Develop and maintain accurate charts of accounts, including the allocation of program income and outlays and in-kind contributions;
- Initiate and direct, in coordination with other staff and parents, cost studies and comparative analyses of alternative operating strategies; and
- Assist in the resolution of audit exceptions and the implementation of auditors' recommendations and report all findings to management staff and governing bodies.

Qualified fiscal officers include Certified Public Accountants (CPAs), persons holding a bachelor's or master's degree in accounting, and others with demonstrated expertise in fiscal matters. They may be hired directly as Head Start staff (on a part-time or full-time basis), be provided by the grantee or delegate agency as a part of the indirect cost pool, or work under contract on a regularly scheduled basis.

Performance Standard 1304.52(e)

(e) Home visitor qualifications.

Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and motivating people. In addition, they must have knowledge of community resources and the skills to link families with appropriate agencies and services.

Rationale: The home visitor's role is that of a resource for parents and a facilitator for learning, in agencies that operate a home-based or combination option. Training and experience in the variety of topic areas listed in the standard are necessary to implement a high quality program.

Related Information: See *Head Start Home Visitor Handbook* for further guidance.

Guidance: To ensure that appropriately qualified home visitors are employed, agencies require specific abilities, such as to:

- Plan and develop with the parents an individualized program for the family, including establishing a caring professional relationship and a climate of mutual trust and respect for the parents;
- Work with parents to strengthen the family's knowledge of child development, including assisting parents to understand how children grow and learn, and planning and conducting child education activities with the parents which meet the child's intellectual, physical, emotional, and social needs;
- Assist parents in strengthening the families' knowledge of health and nutrition, including integrating health and nutrition education into the program, coordinating with other staff and parents regarding health screenings for family members, and providing information and referrals, if necessary; and
- Assist parents to strengthen their knowledge of community resources and support parents in problem solving.

In addition, grantees may require a Child Development Associate (CDA) for Home Visitors, certain college course work, or a particular level of on-the-job training and experience.

Performance Standard
1304.52(f)

(f) Infant and toddler staff qualifications.

Early Head Start and Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential that addresses comparable competencies within one year of the effective date of the final rule or, thereafter, within one year of hire as a teacher of infants and toddlers. In addition, infant and toddler teachers must have the training and experience necessary to develop consistent, stable, and supportive relationships with very young children. The training must develop knowledge of infant and toddler development, safety issues in infant and toddler care (e.g., reducing the risk of Sudden Infant Death Syndrome), and methods for communicating effectively with infants and toddlers, their parents, and other staff members.

Rationale: Working with infants and toddlers requires specialized knowledge and skills in order to properly address the developmental needs of this age group.

Guidance: Within one year of the effective date of the Final Rule or, thereafter, within one year of hire, staff working with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential or educational degree that addresses comparable competencies. Teachers who work well with infants and toddlers also have certain specific abilities, such as to:

- Maintain an open, friendly, and cooperative relationship with each child's family, encourage their involvement in the program, and promote parent-child bonding and nurturing parent-child relationships;
- Promote feelings of security and trust in infants and toddlers by being warm, supportive, and comforting, and by establishing strong and caring relationships with them;
- Provide toddlers with experiences and opportunities that allow them to develop curiosity, initiative, problem-solving skills, and creativity, as well as a sense of self and a feeling of belonging to the group; and
- Conduct developmental screenings of infants' and toddlers' motor, language, social, cognitive, perceptual, and emotional skills.

Performance Standard
1304.52(g)(1)

(g) Classroom staffing and home visitors.

(1) Grantee and delegate agencies must meet the requirements of 45 CFR 1306.20 regarding classroom staffing.

Rationale: Research shows that classroom staffing patterns have a powerful effect on program quality. Low child:staff ratios are associated with more positive outcomes for young children and generate more positive social interactions with peers.

Related Information: See the requirements for program staffing patterns, as specified in 45 CFR 1306.33 for home visitors in the home-based program option, and 45 CFR 1306.20 for center-based preschoolers. See 45 CFR 1304.52(g)(4) for staffing and group size requirements for infants and toddlers.

Guidance: Agencies plan their staffing to ensure that appropriate child:staff ratios are maintained at all times of the day and in all locations, and that staff are allowed adequate time for planning, record-keeping and training. This is especially important in full-day programs, when the numbers of children may change over the course of the day, but the ratios need to be maintained.

Performance Standard

1304.52(g)(2)

(2) When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language.

Rationale: Classroom staff members and home visitors who speak a child's home language provide reassurance to the child, support the child's development of a strong sense of identity, and show respect for the values and beliefs of the family.

Related Information: See 45 CFR 1304.21(a)(3)(i)(E) and the *Multicultural Principles for Head Start Programs* for suggestions on how to show support and respect for a child's home language.

Guidance: Agencies hire staff who, in addition to speaking English, speak the language of the majority of the children served. Sometimes it is difficult to find qualified bilingual staff who have been trained and certified in early childhood education. To increase the number of qualified adults, agencies:

- Provide or arrange for staff training to develop needed language skills as a step toward becoming bilingual;
- Temporarily use parent or community volunteers to facilitate communication;
- Aggressively recruit staff from community colleges or nearby universities; and
- Contact community organizations that represent the culture and language of the families served.

Performance Standard

1304.52(g)(3)

(3) For center-based programs, the class size requirements specified in 45 CFR 1306.32 must be maintained through the provision of substitutes when regular classroom staff are absent.

Rationale: Occasions arise in which substitutes are needed to maintain appropriate class sizes and appropriate child:staff ratios, and to ensure that children are always safe.

Guidance: Agencies have less trouble locating substitutes on short notice, if a list of trained area substitutes is maintained. In addition, agencies:

- Take advantage of a professional referral service that screens potential substitutes;
- Talk with representatives in other community agencies and with senior citizens and other groups to find substitutes;
- Join with other early childhood programs in the community to hire a substitute who rotates among these programs; or
- Consider using parents who are engaged in a training program in early childhood education or develop a training program in early childhood education for parents and volunteers.

Substitutes work under the direct supervision of the content area expert in education, the center director, or another appropriate staff member while they are in the classroom.

Performance Standard 1304.52(g)(4)

(4) Grantee and delegate agencies must ensure that each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one group. However, if State, Tribal or local regulations specify staff:child ratios and group sizes more stringent than this requirement, the State, Tribal, or local regulations must apply.

Rationale: Research indicates that having each staff member work with a small number of infants and toddlers is critical for the development of the child and to the quality of the program.

Related Information: See 45 CFR 1304.53(a) concerning Head Start facilities, especially the minimum space requirements established in 45 CFR 1304.53(a)(5).

Guidance: Agencies ensure that they meet the required child:staff ratios by hiring an appropriate number of trained and qualified teachers and by developing daily staffing plans. In addition, as children grow older and transition to new groups, agencies may choose to move the teacher along with the children.

A group of eight is the maximum number of infants and toddlers assigned to two teachers. In some facilities, space allows a group of eight to be assigned to one room. In other facilities, larger rooms are fitted with appropriate dividers to accommodate more than one group, while ensuring that each group functions separately, and that all of the Program Performance Standards are maintained.

Performance Standard 1304.52(g)(5)

(5) Staff must supervise the outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured.

Rationale: Most of the injuries that occur in preschool programs take place in play areas where children try out their gross motor skills. Staff ensure that all children can be observed to prevent mishaps and so that they can be quickly reached, should any mishap occur.

Related Information: See 45 CFR 1304.52(h)(1)(iii) and 45 CFR 1304.53(a)(9) for further information on the supervision of play areas.

Guidance: The following are some guidelines for the supervision of outdoor and indoor play areas:

- Staff make regular checks of the safety and cleanliness of indoor and outdoor play areas, giving themselves time to address any problems they identify (45 CFR 1304.53(b)(1)(vi) specifies that all equipment must be kept safe and in good condition); and
- Staff in center-based programs develop written schedules for play area supervision to ensure appropriate child:staff ratios are maintained at all times.

Home visitors discuss with parents how these same guidelines apply to the home environment and to public playground settings.

Performance Standard 1304.52(h)(1)

(h) Standards of conduct.

(1) Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct. These standards must specify that:

(i) They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;

(ii) They will follow program confidentiality policies concerning information about children, families, and other staff members;

(iii) No child will be left alone or unsupervised while under their care; and

(iv) They will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.

Rationale: The provision of standards of conduct supports agencies in reinforcing appropriate professional behavior among staff. Written standards of conduct help to guide staff members in making decisions about their actions in potentially controversial or ambiguous situations; and they help protect staff against allegations of misconduct. *This rationale serves 45 CFR 1304.52(h)(1)-(3).*

Related Information: Other information pertinent to standards of conduct may be found in the following resources:

- 45 CFR 1301.31 on personnel policies and 45 CFR 1304.50(d)(1)(x) on the role of the Policy Council and Policy Committee in the approval of such policies;
- 45 CFR 1304.24(a)(1)(iii) about discussing and identifying with parents appropriate responses to their child's behavior;
- 45 CFR 1304.21(a)(1)(iii) on providing an environment that supports each child;
- *Multicultural Principles for Head Start Programs,* for further guidance related to multicultural issues;
- 45 CFR 1304.22(b)(3) on the confidentiality of child health conditions;
- 45 CFR 1304.22(a)(5) on confidentiality relating to suspected child abuse or neglect;
- 45 CFR 1304.51(g) on effective record-keeping to ensure confidentiality;
- 45 CFR 1304.52(g)(5) and 45 CFR 1304.53(a)(9) on the supervision of outdoor play areas; and
- 45 CFR 1304.21(a)(3), 45 CFR 1304.21(b)(2), and 45 CFR 1304.21(c)(iv) on supporting each child's social and emotional development.

Guidance: Management staff review written policies and procedures to ensure that specific standards about appropriate staff behavior and actions are included, such as child discipline and the confidentiality of information. Guidelines for standards of conduct are a part of the agency's personnel policies, as required by 45 CFR 1301.31. Staff, volunteers, and consultants are introduced to the agency's standards of conduct during their initial orientation, and subsequently trained, if necessary, in the implementation of those standards. Agencies are encouraged to request that staff sign a statement of professional ethics at the beginning of their employment.

To ensure that children of all races, religions, family backgrounds, and cultures are treated with respect and consideration, staff:

- Encourage adult male involvement in the classroom and other parts of the program;

- Provide opportunities for intergenerational activities through use of grandparent volunteers and community elders;
- Provide both boys and girls with equal opportunities to participate in all activities; and
- Provide books, toys, music, activities, and decorations that reflect the diversity of all children.

To conform with Federal, State, Tribal, and local laws, the confidentiality policy ensures that:

- Confidential information will be seen by and discussed only with staff members who can demonstrate a need for the information in order to perform their jobs;
- Staff personnel records will not be disclosed without the written consent of the staff member; and
- Staff have the right to examine their own personnel files and to respond to the contents of those files.

To determine the degree of supervision that children need and to assign staff members to supervise them, agencies ensure that children are under adult supervision at all times, that required child:staff ratios are maintained, and that no child is ever left alone or unattended.

To ensure the use of positive, non-punitive methods of guidance and discipline, staff:

- Develop clear, reasonable, consistent, and age-appropriate rules and expectations for children and, to the extent possible, engage children themselves in the rule-setting process;
- Work with children to help them solve problems, instead of imposing solutions;
- Reduce the potential need for discipline by anticipating and eliminating sources of trouble whenever possible; and
- Respect and acknowledge children's feelings.

Agencies provide staff, consultants, and volunteers with regular, ongoing training and mentoring in appropriate disciplinary techniques. Home visitors support parents in guiding children's behavior without using corporal punishment.

Performance Standard 1304.52(h)(2) & (3)

(2) Grantee and delegate agencies must ensure that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.

(3) Personnel policies and procedures must include provision for appropriate penalties for violating the standards of conduct.

Guidance: To ensure that employees deal appropriately with contracts and other financial awards, agencies define "significant monetary value" in their standards of conduct and request that staff sign a statement at the outset of their employment. In addition, agencies provide relevant staff, governing body, and Policy Council and Policy Committee members with training and supervision in proper methods for awarding and administering contracts or grants with outside agencies or businesses.

To ensure that all staff, consultants, and volunteers are accountable for meeting the agency's standards of conduct, agencies may consult with a legal advisor or a professional in human resources management to define the consequences for violating the standards of conduct. They also provide all staff with training that emphasizes the importance of the standards of conduct and the consequences of breaching them.

Performance Standard 1304.52(i)

(i) Staff performance appraisals.

Grantee and delegate agencies must, at a minimum, perform annual performance reviews of each Early Head Start and Head Start staff member and use the results of these reviews to identify staff training and professional development needs, modify staff performance agreements, as necessary, and assist each staff member in improving his or her skills and professional competencies.

Rationale: All Head Start staff should be actively engaged in a process of professional development. Annual performance reviews provide one opportunity for staff and supervisors to meet, discuss and assess progress, define training and developmental needs, and set new professional goals.

Related Information: Performance appraisals are a part of the personnel policies required by 45 CFR 1301.31. Further requirements concerning training and development may be found in 45 CFR 1304.52(k).

Guidance: Staff performance reviews are a management process consisting of a number of formal and informal interactions, such as:

- ***Setting standards of performance.*** All staff members may benefit from the opportunity to meet with their supervisors and to discuss each others' expectations and goals for subsequent months. One way to make expectations and goals clear is to draw up a performance agreement and to review it during subsequent performance reviews.
- ***Gathering performance data.*** There are a variety of ways to gather information on an employee's progress. Staff may keep a log of their own progress, including successes in their job, additional responsibilities they may have taken on, any awards or professional recognition they received, their attendance at training or educational programs, and even comments they have received about their activities from parents and peers, as well as supervisors. Supervisors also may keep an ongoing record of staff performance.

- ***Conducting annual performance review***. Performance reviews should be positive exchanges that
  - acknowledge the achievement of past goals and promote the setting of realistic goals for the future,
  - demonstrate appreciation for employee contributions,
  - provide constructive feedback on employee work, and
  - identify employee training needs and professional development opportunities.

Performance Standard 1304.52(j)(1)

(j) Staff and volunteer health.

(1) Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Rationale: To ensure a safe and healthy environment for children and staff, all staff and regular volunteers should demonstrate that they are in good health. *This rationale serves 45 CFR 1304.52(j)(1)-(2).*

Related Information: See the Americans with Disabilities Act and Section 504 of the Rehabilitation Act for specific instructions on requirements that employers may set for employee medical examinations. Employers are permitted to require employees to have medical examinations or to answer medical inquiries that are job-related and justified by business necessity. Inquiries about things that neither affect job performance nor pose a risk to the health or safety of the employee or others may not be sufficiently job-related or necessary.

Guidance: Agencies consult with their Health Services Advisory Committee (HSAC) as well as obtain legal advice in developing a policy to implement this standard. The HSAC, the local Department of Public Health, or the public schools also may be helpful in determining the required examinations, in addition to the required screening for tuberculosis, and in the periodicity of re-examinations. However, agencies may choose to leave the decision up to each staff member's physician. Agencies may develop a standard form for staff to take with them to their health examination, ensuring first that the form meets the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Performance Standard

1304.52(j)(2)

(2) Regular volunteers must be screened for tuberculosis in accordance with State, Tribal or local laws. In the absence of State, Tribal or local law, the Health Services Advisory Committee must be consulted regarding the need for such screenings (see 45 CFR 1304.3(20) for the definition of volunteer).

Related Information: See 45 CFR 1304.3(20) for a definition of "volunteer."

Guidance: Everyone who volunteers on a regular basis in an Early Head Start or Head Start program must comply with State, Tribal or local laws regarding the screening for tuberculosis. (These laws may have specific definitions of the term "regular." If not, the agency should define the term.) In States and localities where tuberculin tests are not required for adults coming into contact with children, agencies should consult with the Health Services Advisory Committee regarding the need for the tuberculin screening of volunteers. Note that screening may not be necessary for the *occasional* volunteer (a person who comes in from time to time). However, agencies may offer tuberculin screening at a health fair or of a parent education activity as a way of promoting the identification and treatment of health issues among parents and volunteers.

Test results from the tuberculin screening are kept in confidential files. If an individual tests positive, agencies follow the protocols set out by the Centers for Disease Control and Prevention or the State, Tribe, or locality on how to manage communicable diseases. The applicable protocol should be available from the local Health Department. Agencies develop, with the assistance of their local Health Service Advisory Committee, policies that address volunteers who test positive to tuberculosis screening.

The Health Services Advisory Committee may suggest requiring other health screenings and procedures for volunteers and, in fact, State or Tribal requirements may mandate additional screenings or tests. For example, in most States and on American Indian reservations, volunteers who assist with food preparation must meet specific health clearance standards. Such information should be included in the volunteer plan or volunteer handbook, if the agency has one.

Performance Standard

1304.52(j)(3)

(3) Grantee and delegate agencies must make mental health and wellness information available to staff with concerns that may affect their job performance.

Rationale: Caring for children and families with complex challenges can be taxing for staff and may generate problems such as stress and "burnout." Therefore, agencies should make special efforts to support staff and let them know that their job challenges are understood.

Guidance: In providing information on mental health and wellness, agencies consider implementing measures to assist staff in coping with job-related stress, such as:

- Including topics or informational resources on job-related stress, mental health, and wellness in staff training and development activities;
- Sponsoring mental and physical wellness programs, such as exercise groups or staff support groups;

- Providing employees with information on or confidential referrals to community agencies, including community mental health centers and/or alcohol and drug counseling centers; and
- Providing, or brokering, professional Employee Assistance Programs (EAPs).

Performance Standard

1304.52(k)(1)-(3)

(k) Training and development.

(1) Grantee and delegate agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at a minimum, the goals and underlying philosophy of Early Head Start and/or Head Start and the ways in which they are implemented by the program.

(2) Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23.

(3) At a minimum, this system must include ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards. This program must also include:

(continued, next page...)

Rationale: One of the most important determinants of program excellence is the presence of a well-trained, qualified staff. In order for staff to do their jobs effectively and to meet the changing needs of the children and families served, agencies must have a system that supports staff in a process of continuous learning. A structured approach to continuous learning addresses both program philosophy and individual job requirements. Two critical areas to be addressed in this approach are child abuse and neglect and family and child transitions. *This rationale serves 45 CFR 1304.52(k)(1)-(3).*

Related Information: Pre-service and in-service training opportunities are mandated by 45 CFR 1306.23 to assist staff and volunteers in acquiring or increasing the knowledge and skills required to fulfill their job responsibilities.

See 45 CFR 1304.52(b) for a description of staff qualifications; 45 CFR 1304.52(j) for requirements related to staff and volunteer health; and 45 CFR 1304.52(i) for the link between staff performance appraisals and staff development needs, and training.

See 45 CFR 1304.22(a)(5) on establishing local policies and procedures for the reporting of suspected child abuse and neglect, and 45 CFR 1301.31(e) and the Appendix to 45 CFR 1301.31 for requirements regarding child abuse and neglect. All staff need to be knowledgeable about their legal and professional responsibilities with regard to reporting suspected child abuse and neglect by parents, staff members, and others, in accordance with the provisions of Federal, State, Tribal, or local law.

See 45 CFR 1304.40(h) on parent involvement in transition activities. Also see 45 CFR 1304.41(c)(1)(iv) on the joint training of Head Start and other agency staff in transition services, and 45 CFR 1304.41(c)(2) concerning transition planning for children leaving Early Head Start.

Guidance: Staff training and development is a continuous, creative process, individualized to meet the goals of each employee while responsive to the overall program. An effective training and staff development system includes an orientation as well as ongoing opportunities that develop each staff member's skills and knowledge. Strategies to support the implementation of this system range from individualized coaching to formal college course work.

Performance Standard 1304.52(k)(3)(i) & (ii) (continued...)

(i) Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers; and

(ii) Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program.

The orientation process is critical for all new staff, consultants, and volunteers, and includes the goals and philosophy of Head Start and:

- the mission and vision of the grantee,
- an introduction to and an explanation of the *Head Start Program Performance Standards* and how they apply to the specific program options, settings, and services, and
- program policies and procedures, including standards of conduct.

A structured approach to ongoing staff development:

- Is ongoing and supports the individual needs of staff;
- Builds on prior staff development activities and includes follow-up activities;
- Links to employees' performance appraisals;
- Uses a variety of approaches and current technology;
- Builds on the principles of adult learning; and
- Makes use of locally available resources.

To determine the elements of a training and development system, agencies consider the following process:

- assessment of staff and program goals and needs,
- design of a training and staff development plan,
- implementation of the plan, and
- evaluation of the process.

Each agency can decide the appropriate topics and target groups for its staff development opportunities through its assessment process. However, certain topics — specifically, child abuse and neglect and transition to and from Early Head Start or Head Start — are included in this structured approach.

Staff who have an ongoing relationship with families and are in families' homes on a regular basis need support concerning the issue of identifying and reporting suspected child abuse and neglect. To ensure that staff understand this responsibility, agencies:

- Provide staff with a copy of relevant laws;
- Organize a variety of training opportunities on how to identify and report child abuse and neglect; and
- Assign one individual the responsibility of supporting staff in their efforts to prevent, identify, and report child abuse and neglect.

Examples of methods that support successful transitions include:

- Preparing children and their families for transitions;

- Assisting parents in advocating for their children in the school system and in exercising their rights and responsibilities concerning the education of their children;
- Supporting parents in identifying and selecting child care;
- Maintaining ongoing communication and cooperation between the Early Head Start or Head Start program and the elementary school or other child care setting by
  - encouraging elementary school or other child care teachers to visit Early Head Start and Head Start to understand its philosophy or encouraging joint training with elementary school teachers and other providers of child development services,
  - developing effective methods for transferring records, and
  - continuing transition activities throughout the year; and
- Developing written transition plans, and individualizing the plans, as appropriate, to meet the needs of children with disabilities.

Performance Standard

1304.52(k)(4)

(4) Grantee and delegate agencies must provide training or orientation to Early Head Start and Head Start governing body members. Agencies must also provide orientation and ongoing training to Early Head Start and Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively.

Rationale: Governing body and policy group members must have information about Head Start to develop the knowledge and skills needed to make informed decisions and to understand their own roles in governing an effective program.

Related Information: See 45 CFR 1304.50 and Appendix A to that section for a discussion of the structure and function of the governing bodies and policy groups; see *Linking Our Voices,* a video-based training that is used for orientation and ongoing training of policy group members.

Guidance: Agencies may use a variety of methods to familiarize members of the governing body and Policy Council or Policy Committee with Head Start and their program oversight responsibilities. These methods or strategies may include an orientation session for new members, video presentations, information packets, and staff presentations. Broad topics for orientation include:

- the agency's history, mission statement, and organizational structure,
- their roles and responsibilities in governing, organizing, and operating the program, and
- the goals, underlying philosophy, and performance standards of Early Head Start and Head Start.

To ensure that the training of policy group members is not limited to initial orientation, but also includes ongoing training, grantee and delegate agencies should schedule policy group training activities on a regular basis. The availability of a variety of group and one-on-one training opportunities assists policy groups and individual members to build upon their existing skills and knowledge. It is important to support new policy group members through mechanisms such as establishing one-on-one mentoring programs and the building of training elements into every policy group meeting.

1304.53

Facilities, Materials, and Equipment

(a) Head Start Physical Environment and Facilities

(b) Head Start Equipment, Toys, Materials, and Furniture

INTRODUCTION TO 1304.53

The objective of 45 CFR 1304.53 is to ensure that Head Start's physical environment supports the delivery of high quality services to all children and families. Facilities, materials, and equipment are selected and maintained to create a learning environment that is safe, accessible, welcoming, comfortable, age-appropriate, culturally sensitive, and in keeping with the individual needs of children and families and the particular features of local programs and communities. Thus, the requirements in this section are closely allied with those in 1304.21, Education and Early Childhood Development.

These standards are the requirements for the Head Start physical environment and the equipment, toys, materials, and furniture that support programming for the ages and individual needs of children served. Many of the requirements in this section also are cited in State, Tribal, or local regulations. It is expected that whichever regulations are more stringent will be met.

Performance Standard

1304.53(a)(1)

(a) Head Start physical environment and facilities.

(1) Grantee and delegate agencies must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child.

Rationale: A well-designed environment within appropriate facilities supports each child's physical, cognitive, emotional, and social development. Proper attention paid to the issues of safety and sanitation protects children's health and keeps them free from injury. Proper organization of the space ensures that the full range of program activities can take place with high quality interactions between children and staff. Making facilities welcoming, accessible, comfortable and safe for children, families, and staff, including those with disabilities, ensures their full participation in Head Start. *This rationale serves 45 CFR 1304.53(a)(1)-(10)*

Related Information: See the *Head Start Facilities Manual* for suggestions about designing a well-organized indoor and outdoor environment. Also see 45 CFR 1304.21(a)(5) for a description of the facility and equipment requirements that support the child development and education program.

Guidance: Developmentally appropriate indoor and outdoor environments are safe, clean, attractive, and spacious. Appropriate indoor environments for children include:

- floor coverings and soft elements, such as rugs and cushions,
- an open area on the floor for the safe movement of infants and toddlers,
- identifiable areas for different activities and materials, such as blocks, art, books, and dramatic play. These areas allow children to be alone, although supervised, and to engage in individual or group activities, and
- low, open shelves to allow children to see and to select their own materials.

Appropriate outdoor environments for children include:

- a variety of surfaces, such as soil or sand for digging, hills, flat grassy and hard areas for wheeled toys,
- areas of sunlight as well as shade or portable shade equipment,
- a variety of equipment for riding, climbing, balancing, and digging, and
- areas for individual and small group play.

Performance Standard

1304.53(a)(2)

(2) Grantee and delegate agencies must provide appropriate space for the conduct of all program activities (see 45 CFR 1308.4 for specific access requirements for children with disabilities).

Related Information: Agencies must provide:

- appropriate space for activities for children of different ages (see 45 CFR 1304.53(a)(1), (a)(3), and (a)(5)),
- food preparation areas that are separated from areas used for other activities (see 45 CFR 1304.53(a)(10)(xiv)), and
- cribs and cots for infants and toddlers that are kept at least three feet apart (see 45 CFR 1304.22(e)(7)).

Guidance: Appropriate indoor and outdoor space is sufficient for all program activities and support functions, including office work, the storage of staff belongings, food preparation, janitorial services, children's activities and parent activities. It includes:

- doors, gates, counters, and walls to keep food preparation areas separate from other areas,
- resting and napping facilities, including a crib, cot, bed, or mat for each child, and
- space for the care of children who become ill during the day and cannot be sent home.

Performance Standard

1304.53(a)(3)

(3) The center space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.

Related Information: See 45 CFR 1304.21(a)(5)(i) and 1304.21(a)(5)(ii) about standards related to the provision of indoor and outdoor space that encourages each child's physical growth; see 45 CFR 1304.21(c)(1)(vii) about standards related to the provision of individual, small group, and large group activities; and see 45 CFR 1304.53(a)(10)(x) about the selection, layout, and maintenance of playground equipment.

Guidance: Classrooms are divided into functional areas, using child-sized, age-appropriate shelving; low walls; large pillows; mats; or platforms to separate the different areas. Space for preschool children and older toddlers is arranged to facilitate a variety of large group, small group, and individual program activities.

When organizing the center's space or the space used for group socialization experiences:

- Separate active or noisy areas from inactive, quiet spaces;

- Place activity areas near necessary resources, such as the art area near water; and
- Design indoor traffic patterns that keep preschool children from running, yet enable them to move easily between areas.

Outdoor space is designed to support the developmental progress of all children and to prevent injuries:

- Playgrounds are laid out to ensure clearance space from walkways, buildings, and other structures, and to avoid crowding in any one area; and
- Separate space is provided for each type of activity — throwing or kicking balls, climbing hills, digging, and using stationary playground equipment.

Performance Standard 1304.53(a)(4)

(4) The indoor and outdoor space in Early Head Start or Head Start centers in use by mobile infants and toddlers must be separated from general walkways and from areas in use by preschoolers.

Guidance: When children of different age groups must make use of a common area, such as an outdoor play area:

- Set the schedule so that children of different age groups occupy the space at different times;
- Ensure that all equipment and toys in shared areas are safe and age-appropriate;
- Ensure that mobile infants and toddlers are kept away from surfaces and equipment that may injure them; and
- Ensure that carpeting is well-padded, secure, and clean (see 45 CFR 1304.53(a)(10)(ii) for requirements on carpeting).

Performance Standard 1304.53(a)(5)

(5) Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.

Guidance: See 45 CFR 1304.22(e)(7) which requires that cribs and cots be at least three feet apart.

Guidance: When agencies find that at least 35 square feet of usable indoor space per child available for the care and use of children is inadequate because of the presence of cribs and cots, they increase the amount of child usable indoor space available in order to accommodate activities that support the optimum development of infants and toddlers. To make good use of indoor space, agencies:

- Refrain from placing too much furniture or equipment in individual rooms or play areas;
- Apply these space allocations to the home-based group socialization settings as well as to center-based classrooms;
- Measure the 75 square feet of outdoor space per child based upon the number of children using the space at one time; and
- If there is less than 75 square feet of accessible outdoor space per child

- Use a large indoor activity room meeting the 75-square-feet-per-child requirement, if it accommodates activities similar to those performed outdoors (such areas should be ventilated with fresh air when windows cannot be opened); and
- Arrange for the use of an adjoining or nearby school yard, park, or playground, which is safe, clean, and provides drinking water and toilet facilities.

Performance Standard

1304.53(a)(6)

(6) Facilities owned or operated by Early Head Start and Head Start grantee or delegate agencies must meet the licensing requirements of 45 CFR 1306.30.

Related Information: According to 45 CFR 1306.30, Head Start facilities must meet applicable State, Tribal, and local licensing and zoning requirements; fire, health, and safety regulations; and laws regarding environmental hazards. Licensing requirements vary among communities. Generally, they regulate child health and safety issues such as child:staff ratios, indoor and outdoor space requirements, toilet facilities, the safety and sanitation of food preparation areas, and the placement and designation of exits, fire doors, and sprinkler systems, among other requirements.

In cases where licensing requirements are less comprehensive or stringent than the Head Start regulations, grantee and delegate agencies are required to comply with the Head Start regulations. If the Head Start regulations are less stringent, agencies must follow the more stringent requirements. (See 45 CFR 1304.40(f)(2)(iii) about working with parents to promote a safe home environment.)

Guidance: Agencies and their policy groups familiarize themselves with Indian Health Service Environmental Health and Tribal, State, and local licensing requirements and request information and assistance from fire and health departments in determining health and safety standards.

Performance Standard

1304.53(a)(7)

(7) Grantee and delegate agencies must provide for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials and equipment.

Related Information: See 45 CFR 1304.53(a)(10)(x) for guidance on the maintenance of outdoor play areas.

Guidance: To provide for the maintenance, repair, safety, and security of the facilities, materials, and equipment owned or used by Head Start agencies, staff:

- Follow the most recent safety standards for toys and equipment used in the program (available through organizations such as the Consumer Product Safety Commission), check frequently to ensure that the toys and equipment are in good condition, and remove or replace those that are broken;
- Develop a checklist of equipment, furniture, and play areas that need to be inspected frequently;

- Follow Occupational Safety and Health Administration (OSHA) guidelines regarding protection from unsafe or hazardous materials;
- Ensure that outdoor play areas are free of broken glass, stones, sharp objects, standing water, poisonous plants, brush or high grass, and ice and snow accumulations;
- Implement a system to monitor entry into the building;
- Implement procedures that assure daily cleaning of indoor and outdoor areas (see 45 CFR 1304.53(a)(10)(viii) for further guidance on standards related to cleaning facilities);
- Check the facility regularly for damage or other conditions that present hazards to children (e.g., plumbing, electrical, structural problems) (see 45 CFR 1304.53(a)(10) for requirements about conducting facility safety inspections);
- Ensure that leases and rental agreements specify the landlord's responsibilities for maintenance and repairs; and
- Suspend the use of any facility that is unsafe, unclean, or otherwise in disrepair.

Performance Standard 1304.53(a)(8)

(8) Grantee and delegate agencies must provide a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. Agencies must ensure that no child is present during the spraying of pesticides or herbicides. Children must not return to the affected area until it is safe to do so.

Related Information: ACYF-PI-HS-95-04 on a Smoke-Free Environment requires that agencies establish and enforce written policies that prohibit smoking at all times in all spaces utilized by the program, including outdoor play areas and vehicles used for transporting children.

Guidance: A number of measures are taken to provide a center environment free of toxins, even though it is difficult to eliminate all pollutants that are not directly under the control of staff:

- Prohibit the use of tobacco, alcohol, and illegal drugs in all spaces used by the program (in the evenings as well as during the day), including classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms, hallways, outdoor play areas, and vehicles used for transporting children;
- Educate families about the harmful effects of smoking, including the effects of secondhand smoke on children;
- Protect children from the harmful effects of pesticides, herbicides, fungicides or other potentially toxic or unhealthy chemicals by
  - — Having pesticides applied by a licensed exterminator in strict compliance with label instructions;
  - — Removing children from the areas being treated and ensuring that potential poisons are not applied to surfaces that can be touched or mouthed by children;
  - — Obtaining schedules of topical spraying by agricultural agencies and farmers to prevent the exposure of children; and

  - Educating parents and staff about the dangers of pesticides and other toxic substances they may be working with and the steps to be taken to minimize the exposure of children at the center and in their homes.
- Work with health officials to determine inspections which should be conducted for environmental hazards, such as asbestos, radon, and formaldehyde; and
- Arrange for the inspection and subsequent removal of any environmental or health hazards only by certified or licensed contractors.

Performance Standard

1304.53(a)(9)

(9) Outdoor play areas at center-based programs must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas. Enroute to play areas, children must not be exposed to vehicular traffic without supervision.

Guidance: The safety of children in outdoor settings is enhanced by:

- Establishing safety and supervision procedures for escorting children through traffic between the facility and outdoor play areas;
- Establishing procedures for walking very young children in strollers. Only strollers meeting national child safety standards are used; children in strollers are buckled into seat restraints; and streets are crossed only at traffic lights and clearly marked crosswalks;
- Installing fences or other physical barriers to separate the outdoor play areas from vehicular traffic and other dangers. Fences and other physical barriers should be high enough and constructed well enough to prevent children from exiting the area;
- Assuring that the outdoor play area is fully supervised at all times (see 45 CFR 1304.52(h)(1)(iii) about staffing patterns);
- When a rooftop is used as a play area, enclosing it with a fence that is high enough to prevent falls and constructed of materials that will prevent children from climbing it, and ensuring the presence of an approved fire escape; and
- Establishing written procedures for safely loading and unloading buses and for checking at the end of bus runs that no children remain on the bus (e.g., asleep).

Performance Standard 1304.53(a)(10)

(10) Grantee and delegate agencies must conduct a safety inspection, at least annually, to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:

Related Information: See the guidance provided under each sub-section of this standard. Also, see 45 CFR 1304.53(a)(7) for further guidance on the standard related to the maintenance, repair, and security of Head Start facilities, materials, and equipment.

Guidance: Agencies supplement the annual safety inspection with more frequent safety inspections of their facilities, including:

- heating, cooling, and electrical systems,
- storage of medications, cleaning supplies, and other poisons,
- fire prevention measures (e.g., absence of flammable materials, presence of currently inspected and fully charged fire extinguishers, smoke detectors with working batteries, exits, and evacuation routes),
- lead-free painted surfaces,
- playground equipment and surfaces,
- electrical outlets,
- the water supply,
- toilets and handwashing facilities,
- diaper changing areas,
- ventilation and air quality,
- sewage and waste disposal systems, and
- adaptations to the facility to comply with the Americans with Disabilities Act.

American Indian program grantees may request the assistance of the Indian Health Service in conducting these safety inspections.

Performance Standard 1304.53(a)(10)(i)

(i) In climates where such systems are necessary, there is a safe and effective heating and cooling system that is insulated to protect children and staff from potential burns;

Guidance: Safe cooling and heating systems are checked by staff or by other appropriate professionals to ensure that Tribal, State, and local laws are followed and that:

- Heating and cooling units are vented properly;
- Radiators, hot water pipes, and similar equipment are screened or insulated to prevent burns and other injuries. Heating units, including baseboard heaters hotter than 110 degrees Fahrenheit, are inaccessible to children;
- Electric space heaters that are UL-approved are placed in locations inaccessible to children and at least 3 feet from curtains, papers, and furniture. These heaters also have protective coverings to prevent injury;
- Portable open-flame and kerosene space heaters and portable gas stoves are not used;
- Electric fans are inaccessible to children; and

- Heating and ventilating equipment is professionally inspected annually, or immediately should there arise a concern or malfunction. The inspection verifies that the equipment is properly installed, cleaned, and maintained.

Performance Standard 1304.53(a)(10)(ii)

(ii) No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are used;

Guidance: Agencies follow State, Tribal, and local licensing regulations and the guidelines of the U.S. Consumer Product Safety Commission regarding the flammability of materials, furnishings, and equipment. It is important to limit the amount of paper and mobiles used for decoration, and to ensure the proper storage of paper materials that may burn easily.

Performance Standard 1304.53(a)(10)(iii)

(iii) Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons. All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children;

Guidance: Agencies reduce risks for children when they follow the regulations of the Occupational Safety and Health Administration (OSHA) regarding flammable and dangerous materials. In accordance with OSHA, staff:

- Store cleaning materials, detergents, aerosol cans, pesticides, medications, poisons, chemicals used in lawn-care treatments, and other toxic materials in their original labeled containers, entirely separated from food, and out of children's reach;
- Use these materials according to the manufacturer's instructions, only for their intended purpose, and in a manner that will not contaminate play surfaces, toys, food, or food preparation areas;
- Ensure that all medications are under lock and key, have child-protective caps, are labeled, and are stored away from food and at the proper temperature (see 45 CFR 1304.22(c) on medication administration); and
- Explain to families how to store and secure cleaning supplies and other toxic materials and medication in the home, away from children.

Performance Standard 1304.53(a)(10)(iv)

(iv) Rooms are well lit and provide emergency lighting in the case of power failure;

Guidance: To ensure proper and safe lighting, agencies:

- Test emergency lighting regularly, and keep such lighting in good repair at all times;
- Use light fixtures containing shielded or shatterproof bulbs;
- Refrain from using sodium and mercury vapor lamps, as they produce toxic fumes;
- In case of a power failure, use flashlights and ensure that electrical panels and circuit breakers are readily accessible to authorized adults and that the circuits are clearly labeled; and

- Ensure that lights used in places where infants look at the ceiling are not unnecessarily harsh, bright, or glaring.

Performance Standard

1304.53(a)(10)(v)

(v) Approved, working fire extinguishers are readily available;

Guidance: Agencies support fire prevention by:

- Determining the size, type, placement, and number of fire extinguishers to be installed by consulting with the fire marshal or an insurance company fire loss prevention representative, and by examining local building and fire codes;
- Placing fire extinguishers in accessible locations, and ensuring that all staff are aware of those precise locations;
- Providing training to staff on the use of fire extinguishers, and posting instructions for their use on or near the extinguishers themselves;
- Servicing fire extinguishers annually, and tagging them with the service date;
- Providing education on fire prevention to children and families; and
- Ensuring that all vehicles owned, operated, or used by Head Start are equipped with working fire extinguishers.

Performance Standard

1304.53(a)(10)(vi)

(vi) An appropriate number of smoke detectors are installed and tested regularly;

Guidance: Agencies support fire prevention by:

- Placing smoke detectors throughout the facility, no more than 40 feet apart, and in accordance with the manufacturers' instructions;
- Testing smoke detectors and evacuation procedures monthly, and replacing smoke detector batteries at least annually;
- Complying with all smoke detector requirements in State, Tribal, or local building codes; and
- Installing and testing fire alarm systems, as prescribed by State, Tribal, or local licensing requirements.

Performance Standard

1304.53(a)(10)(vii)

(vii) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable (see 45 CFR 1304.22 for additional emergency procedures);

Guidance: Agencies ensure safe evacuation from a facility by:

- Following the recommendations of the National Fire Protection Agency (NFPA), including the suggestion that exits have a minimum width of 36 inches;
- Ensuring that exits are unobstructed and are not padlocked or chained shut during program hours. All exit doors operate easily and open outward;
- Having entrance and exit routes examined and approved by local fire authorities and clearly marked;

- Conducting monthly fire and evacuation drills (see 45 CFR 1304.22(a)(3));
- Having enough evacuation cribs and strollers available to evacuate infants, toddlers, and children with disabilities who cannot walk on their own, and smooth ramps on which evacuation cribs and strollers can be wheeled; and
- Providing at least two exits on each floor of a building, each of which leads to an open space at ground level.

Performance Standard 1304.53(a)(10)(viii)

(viii) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions;

Related Information: See 45 CFR 1304.53(a)(7) about the maintenance, repair, and security of Head Start facilities, materials, and equipment.

Guidance: Procedures for daily indoor and outdoor safety inspections for undesirable and hazardous materials and conditions in and around the Head Start facilities include a search for poisonous plants that cause allergic reactions, as well as other common plants that are toxic to young children when eaten. An effective cleaning and sanitation schedule includes:

- Vacuuming or sweeping and mopping uncarpeted floors with a sanitizing solution at least daily and when soiled;
- Sanitizing mops thoroughly before and after a day of use;
- Vacuuming carpeted areas and rugs daily, and cleaning them regularly, or whenever soiled or contaminated with body fluids, using only hypoallergenic products for cleaning;
- Cleaning and sanitizing all kitchen equipment and maintaining equipment in good condition; and
- Cleaning and sanitizing toilet rooms, flush toilets, toilet training equipment, and fixtures when soiled, or at least daily (see 45 CFR 1304.22(e)(6) about cleaning potties).

Agencies keep their facilities free of insects, rodents, and other pest infestations by:

- Using outward-opening, self-closing doors, closed windows, screening and curtains, or any other effective means to prevent the entrance of flies or other air-borne insects;
- Ensuring that basement windows used for ventilation and all other openings to a basement or cellar do not permit the entry of rodents;
- Making sure that each foundation, floor, wall, ceiling, roof, window, exterior door, basement, cellar hatchway or other opening is free from cracks and holes;
- Keeping trash and garbage containers covered and in designated areas;
- Ensuring that the play areas do not provide shelter to or a breeding ground for pests; and

- Contacting the local health and sanitation department for assistance or referral for extermination, if evidence of rodents, insects, or other vermin is found.

Performance Standard 1304.53(a)(10)(ix)

(ix) Paint coatings on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead;

Guidance: Agencies are encouraged to obtain qualified, professional assistance in testing any surface (exterior and interior) painted before 1978 for lead levels of 0.06 percent or more. If professional inspection reveals paint with excessive lead levels, agencies obtain qualified professional assistance in:

- Removing lead-contaminated paint; or
- Refinishing the area with lead-free, encapsulant paint or other locally approved, nontoxic materials.

In addition, sanding, scraping, or burning of high-lead surfaces should be strictly prohibited, and agencies ensure that no paint containing hazardous quantities of lead is ever used. Lead-contaminated products are replaced immediately.

Parents are educated about the dangers of lead paint and the danger of lead contamination in other household products.

Local public health departments are good sources of information on the prevention of lead poisoning. In addition, agencies with concerns about lead paint are encouraged to seek the assistance of the Lead Poisoning Prevention Program at the Centers for Disease Control and Prevention in Atlanta, Georgia, or knowledgeable Environmental Protection Agency (EPA) or Housing and Urban Development (HUD) authorities.

Performance Standard 1304.53(a)(10)(x)

(x) The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children;

Guidance: Minimizing the possibility of injury requires frequent inspection for potential hazards, corrosion, and deterioration. The exact frequency of the inspection and repair of individual pieces of equipment depends upon the type of equipment, the amount of use, and local weather patterns. Effective inspections pay special attention to small or moving parts and other components that are expected to wear. They also involve checking playground surfaces frequently for broken glass, poisonous plants, or other dangerous debris. In selecting and installing playground equipment, agencies:

- Ensure that playgrounds and playground equipment are designed, installed, inspected, and maintained with the children's safety in mind so that the equipment does not pose the threat of serious falls and will not pinch, crush, or entrap the head or any part of a child's body or clothing;
- Install all playground equipment in strict accordance with the manufacturer's instructions over shock-absorbing materials, and securely anchor equipment to the ground;
- Check with the U.S. Consumer Product Safety Commission regarding proper surfaces surrounding playground equipment and any recalls of equipment; and

- Situate equipment so that the clearance space allocated to one piece of equipment does not encroach on that allocated for another piece of equipment; and locate moving equipment, such as swings, toward the edge or corner of a play area or design the space in another way to protect children from running into the path of moving equipment.

When using a park or an area owned by others, staff advocate for appropriate equipment and surfaces to protect all community users.

Performance Standard 1304.53(a)(10)(xi)

(xi) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs;

Guidance: Agencies prevent shocks by ensuring that all electrical equipment and appliances are properly grounded, and that all electrical cords are in good condition and placed out of the reach of children. In addition, all electrical outlets are covered with child-resistant safety covers unless electrical outlets that are childproof are installed. Home visitors and other staff also encourage families to follow the same safety guidelines for electrical equipment, cords, and outlets in their homes.

Performance Standard 1304.53(a)(10)(xii)

(xii) Windows and glass doors are constructed, adapted, or adjusted to prevent injury to children;

Guidance: The following are guidelines for preventing harm and injury from windows and glass doors:

- Windows and glass door panels in rooms used by children have safety guards (e.g., rails or mesh) or are constructed of safety-grade glass or polymer;
- Windows that can be opened are equipped with child-proof devices that do not block natural light, and are screened when open, so that children cannot pass through the windows or become stuck in any way; and
- All glass doors are marked with opaque tape or other materials to help avoid accidents. Families are encouraged to place stickers on glass doors in the home and to ensure that doors and windows that open to the outside are properly secured with screens and child-proof safety devices.

Performance Standard 1304.53(a)(10)(xiii)

(xiii) Only sources of water approved by the local or State health authority are used;

Guidance: Agencies ensure that their facilities are supplied with piped running water that is under correct pressure and from a source approved by the Environmental Protection Agency (EPA) or by the State, Tribal, or local health authority, and that provides an adequate water supply to every available fixture. When water is supplied by a well or other private source, agencies ensure that it meets all applicable Federal, State, Tribal, and local health standards, and that it is approved by the local health department or its designee. Agencies keep documentation of water supply approval on file.

Performance Standard 1304.53(a)(10)(xiv)

(xiv) Toilets and handwashing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas must be separated from areas used for cooking, eating, or children's activities;

Related Information: See 45 CFR 1304.22(e)(1)(i) and 1304.22(e)(5) about diapering sanitation and hygiene procedures. See 45 CFR 1304.22(e)(6) for requirements about cleaning toilet training equipment.

Guidance: To maintain adequate toilet and handwashing facilities that are clean and in good repair, agencies:

- Provide accessible toilets and sinks at a ratio of roughly 1 to 10 for toddlers and preschool children. A maximum toilet height of 11 inches and a maximum hand sink height of 22 inches are recommended; use step stools or low platforms where toilets or handwashing facilities are too high;
- Supervise children during toileting and handwashing;
- Ensure that every toilet room door can be easily opened by children from the inside and the outside;
- Make a hand washing sink accessible to each classroom and group of infants;
- Use utility sinks for rinsing soiled clothing or for cleaning toilet training equipment; and
- Provide a separate sink large enough for washing and sanitizing mops and cleaning equipment.

Agencies maintain diapering areas as follows:

- Ensure that they are not located in dental hygiene or food preparation areas, and are never used for the temporary placement or serving of food;
- Ensure that they are located in areas separate from adult bathrooms;
- Ensure that changing tables have impervious, nonabsorbent, clean surfaces; and are sturdy, at an appropriate height for adults to work at when standing, and equipped with railings;
- Include storage areas close to or within the diapering area for clean diapers, wipes, gloves, and other supplies;
- When cloth diapers are used, dispose of the solid waste contents in toilets before placing the diapers in a proper soiled diaper receptacle; and
- Provide handwashing sinks adjacent to the diaper changing tables.

Performance Standard

1304.53(a)(10)(xv)

(xv) Toilet training equipment is provided for children being toilet trained;

Guidance: Child-sized toilets, safe and sanitizable step aids, and modified toilet seats (where there are only adult-sized toilets) should be used in all facilities. If child-sized toilets, step-aids, or modified toilet seats cannot be used, potty chairs that are easily sanitized are provided for toddlers, preschoolers, and children with disabilities who require them. Handwashing sinks are located nearby. (See 45 CFR 1304.22(e)(6) for additional guidance on cleaning and disinfecting potties.)

Related Information: See 45 CFR 1304.22(e)(1)(i) and 1304.22(e)(5) about diapering sanitation and hygiene procedures.

Performance Standard

1304.53(a)(10)(xvi)

(xvi) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored in a safe and sanitary manner; and

Guidance: Agencies ensure that sewage disposal systems are maintained and inspected in accordance with State, Tribal, and local regulations, and that the facility is connected to a public sewer, if available. Where public sewers are not available, agencies install a septic tank system or another method approved by the State, Tribal, or local health department.

To store and dispose of garbage safely, agencies:

- Keep garbage and trash in labeled, plastic-lined, tightly covered containers that do not leak liquids and that are inaccessible to children;
- Remove garbage and trash from rooms used by children, staff, families, or volunteers on a daily basis, and remove it from the premises at least twice weekly or at other frequencies required by the local health authority;
- Keep all waste materials away from children's indoor and outdoor activity areas and from areas used for the storage or preparation of food;
- Refer disposal problems to the local sanitation and public works department; and
- Do not discharge raw or treated wastes on ground surfaces.

The following procedures are for the disposal of soiled diapers:

- Store soiled diapers in containers separate from other waste;
- Provide a sufficient number of diaper containers to hold all of the diapers that accumulate between periods of removal from the premises; and
- Use separately labeled containers for disposable diapers, cloth diapers, and soiled clothes and linens.

Performance Standard 1304.53(a)(10)(xvii)

(xvii) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation.

Related Information: See 45 CFR 1308.4(f) and 1308.4(o)(6) for information about providing adequate provisions for children with disabilities.

Guidance: Agencies are responsible for:

- Ensuring that facilities are accessible to persons with disabilities by making needed accommodations such as ramps and railings, wider pathways, and wheel-chair accessible toilets, sinks, and drinking fountains;
- Accommodating special diets or feeding needs (see 45 CFR 1304.23(a)(2) for additional information);
- Implementing emergency evacuation procedures that will ensure the safety of children with disabilities, by making any necessary accommodations to the evacuation procedures;
- Ensuring consistency and stability of the physical environment for children with visual or hearing impairments; and
- Providing appropriate space for children who may require individual therapy or activities.

Performance Standard 1304.53(b)(1)

(b) Head Start equipment, toys, materials, and furniture.

(1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be:

Rationale: Equipment, toys, materials, and furniture have a direct impact upon the development of children's cognitive, emotional, social, and physical skills. To support educational objectives and an individualized program of services, and to show respect for children and families, equipment, toys, materials, and furniture are matched to the developmental levels, interests, temperaments, languages, cultural backgrounds, and learning styles of children. A variety of attractive materials and toys are accessible in order to provide psychological and emotional comfort and to encourage exploration and learning. Safety risks are avoided if equipment, toys, materials and furniture are safe, durable and well-maintained. To maximize floor space, minimize clutter, and ensure that items can be easily and safely located, items are stored in a safe and orderly fashion. *This rationale serves 45 CFR 1304.53(b)(1)-(2).*

Related Information: See 45 CFR 1304.21, Education and Early Child Development, for information about the program approach for all children. See 45 CFR 1304.53(a)(3) for further guidance on the arrangement of items in the center space.

Guidance: To meet the needs and to facilitate the safe participation of children, agencies:

- Purchase a variety of equipment, toys, materials, and furniture that are suitable for the children in the program;
- Assist families in identifying materials in the home that are safe and durable and facilitate children's learning and exploration; agencies may supplement home materials with

agency purchased supplies, such as construction paper, paste, and crayons;

- Ensure that a variety of appropriate kinds of equipment, toys, materials, and furniture is available in sufficient quantity to avoid excessive competition and long waits;
- Ensure that appropriate equipment, toys, materials, and furniture are available for group socialization activities; and
- Ensure that infant and toddler areas are equipped with diaper changing tables, safe cribs with clean bedding for each infant, and safe, clean cots or mats for each toddler in care.

Performance Standard

1304.53(b)(1)(i)

(i) Supportive of the specific educational objectives of the local program;

Related Information: See 45 CFR 1304.21 for guidance on the standards related to the program's child development and education approach and objectives.

Guidance: Agencies support educational objectives when they purchase and arrange items according to the following criteria:

- Choose materials that include art supplies, musical instruments, construction materials, dramatic play props, books, and equipment for gross motor activities;
- Ensure that toys and materials are responsive to the children's interests and abilities;
- Ensure that toys are scaled to a size appropriate to the children who use them;
- Provide a variety of climbing structures and steps as well as other structures that are safe for exploration;
- Pay attention to the number and kinds of toys available at any one time to infants and toddlers to avoid confusion, and rotate the selection of toys to provide variety and new experiences; and
- In outdoor environments, provide a variety of materials, equipment and structures for climbing, riding, pushing, pulling, and digging as well as materials that extend indoor activities, such as art or dramatic play, to the outdoors.

Performance Standard

1304.53(b)(1)(ii)

(ii) Supportive of the cultural and ethnic backgrounds of the children;

Related Information: See 45 CFR 1304.21(a)(1)(i), 1304.21(a)(1)(iii) and 1304.21(a)(3)(i)(E) for further guidance on the standards related to establishing a child development and education approach for children that is linguistically and culturally appropriate.

Guidance: Staff:

- Use materials and toys that demonstrate acceptance of each child's gender, family, race, language, and culture;

- Establish and maintain environments which reflect and support the culture(s) of the children;
- Provide appropriate objects that the children see and use in their homes and community; and
- Develop the outdoor area so that it safely utilizes the natural environment, adding culturally relevant structures and materials when possible.

Performance Standard

1304.53(b)(1)(iii)

(iii) Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities;

Guidance: Carefully selected, child-sized equipment, toys, materials, and furniture for the age group using them, such as child-sized utensils and furniture, support sound child development and age-appropriate practices. For additional guidance see:

- 45 CFR 1304.21(a)(1)(i) on creating a child development and education approach that is developmentally appropriate,
- 45 CFR 1304.21(a)(5)(iii) on providing an environment supportive of children with special needs,
- 45 CFR 1304.21(c)(1)(i) for information on supporting each child's individual pattern of learning and development,
- 45 CFR 1304.53(b)(1) and 1304.53(b)(1)(i) for guidance on the provision of appropriate and sufficient equipment, toys, materials, and furniture that support the specific educational objectives of the local program,
- 45 CFR 1304.53(a)(10)(x) and (b)(1)(vi) on the safety of indoor and outdoor furniture, toys, equipment, and materials, and
- 45 CFR 1308.4(f) and 1308.4(o)(6) for information on providing appropriate furniture, equipment, and materials for children with disabilities.

Performance Standard

1304.53(b)(1)(iv)

(iv) Accessible, attractive, and inviting to children;

Related Information: See 45 CFR 1304.21(a)(4)(i) for information about supporting each child's learning and 45 CFR 1304.21(b)(1)(iii) for ways to provide opportunities for each child to explore a variety of sensory and motor experiences.

Guidance: To ensure that toys, equipment, materials, and furniture are accessible, attractive, and inviting to children, agencies:

- Provide easily accessible learning materials, on low shelves, that children can explore by themselves;
- Ensure that materials possess interesting shapes, textures, and colors that invite play, exploration and learning;
- Use equipment and furniture that is child-sized, age-appropriate and adaptable for children's use; and
- Select equipment and materials that are designed to give children choices.

Performance Standard 1304.53(b)(1)(v)

(v) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore;

Guidance: See the following cross-references related to providing a variety of learning experiences for children:

- 45 CFR 1304.21 for guidance on the standards related to Education and Early Child Development,
- 45 CFR 1304.53(b)(1)(i) on supporting the specific educational objectives of the program, and
- 45 CFR 1304.53(b)(1)(iv) related to the accessibility and attractiveness of equipment, toys, materials, and furniture.

Performance Standard 1304.53(b)(1)(vi)

(vi) Safe, durable, and kept in good condition; and

Related Information: See 45 CFR 1304.53(a)(10)(x) for further guidance on the standards related to the safety and maintenance of outdoor playground equipment and surfaces.

Guidance: Agencies ensure the safety and durability of toys and equipment by following safety guidelines in purchasing, installing, and maintaining toys and equipment:

- All toys and equipment are approved for use by the U.S. Consumer Products Safety Commission, the Juvenile Products Manufacturers Association, or another organization that sets children's safety standards;
- Furniture does not have sharp edges, and is anchored to the ground, if light enough for young children to turn over;
- Equipment and furniture is inviting to the children and also sturdy enough to support non-walkers, thus allowing them to pull themselves up;
- Each child is provided his or her own crib;
- To assure the safety and comfort of children, stacked cribs are not used;
- Infant walkers are not used, because of the considerable risk of injury;
- Care is taken to supervise children when they play with games and toys that have small parts that may be swallowed;
- All equipment is installed in strict accordance with the manufacturer's instructions; and
- A comprehensive maintenance program is implemented for toys, equipment and furnishings; the frequency of inspection and repair of individual items will depend upon the type of equipment and the amount of use it gets.

Performance Standard 1304.53(b)(1)(vii)

(vii) Stored in a safe and orderly fashion when not in use.

Guidance: The following techniques for the storage of equipment, toys, materials, and furniture increase safety and order:

- Each activity area has its own storage space;
- Reserve as much space as possible for children's use by storing materials in locations not used by children;
- Ensure that bookcases and other shelves cannot be pulled over by children;
- Provide storage space for all adaptive equipment for children with disabilities;
- Ensure that adult materials and equipment, such as scissors, staplers, electrical appliances, and knives, are inaccessible to children; and
- Store outdoor equipment, such as tricycles, bicycles, balls, and sand tools, in a shed or other enclosed storage space, to protect these items, as well as to keep the outdoor area free of clutter.

Performance Standard 1304.53(b)(2)

(2) Infant and toddler toys must be made of non-toxic materials and must be sanitized regularly.

Guidance: Infant and toddler toys are cleaned and disinfected on a regular schedule, in keeping with the advice of appropriate health authorities. Agencies immediately clean toys that are touched, placed in children's mouths, or otherwise in contact with bodily secretions. Toys are hand or machine washed with water and detergent, then disinfected or sanitized, and rinsed, before they are handled by another child.

Performance Standard 1304.53(b)(3)

(3) To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.

Rationale: Research findings demonstrate that appropriate sleeping arrangements for infants reduce the risk of Sudden Infant Death Syndrome (SIDS). However, the causes of SIDS are not fully understood. Some researchers believe that babies who die of SIDS are born with one or more conditions that make them especially vulnerable to the syndrome. Other researchers have proposed alternative explanations. Whatever the cause, most deaths occur by the end of the sixth month, with the greatest number of deaths taking place between two and four months of age.

Guidance: The practices that will minimize the risk of SIDS, and can be shared with parents, are:

- Counseling pregnant mothers to obtain early and medically recommended prenatal care, to avoid the use of drugs and alcohol, to refrain from smoking during pregnancy, and to breast feed whenever possible;
- Ensuring that infants receive regular well-baby health visits, and that they are immunized on the recommended schedule;

- Placing non-mobile infants on their backs, rather than on their stomachs[1] or sides to sleep;
- Using firm mattresses and avoiding the use of cushions, soft fluffy blankets, comforters, sheepskins, and pillows;
- Avoiding the use of soft toys, cushions, stuffed animals or other soft materials where infants sleep;
- Maintaining a smoke-free environment;
- Avoiding overdressing infants or overheating rooms where infants play and sleep; and
- Burping infants properly during and after a feeding, before they are put to sleep.

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[1] Prone or "belly positions" may at times be recommended for some infants with certain medical conditions, such as respiratory distress, gastroesophageal reflux, and upper airway abnormalities.

PART 1304 — IMPLEMENTATION AND ENFORCEMENT

Subpart E — General

1304.60 Deficiencies and quality improvement plans.

(a) Early Head Start and Head Start grantee and delegate agencies must comply with the requirements of this part in accordance with the effective date set forth in 45 CFR 1304.2.

(b) If the responsible HHS official, as a result of information obtained from a review of an Early Head Start or a Head Start grantee, determines that the grantee has one or more deficiencies, as defined in §1304.3(a)(6) of this part, and therefore also is in violation of the minimum requirements as defined in §1304.3(a)(14) of this part, he or she will notify the grantee promptly, in writing, of the finding, identifying the deficiencies to be corrected and, with respect to each identified deficiency, will inform the grantee that it must correct the deficiency either immediately or pursuant to a Quality Improvement Plan.

(c) An Early Head Start or Head Start grantee with one or more deficiencies to be corrected under a Quality Improvement Plan must submit to the responsible HHS official a Quality Improvement Plan specifying, for each identified deficiency, the actions that the grantee will take to correct the deficiency and the timeframe within which it will be corrected. In no case can the timeframes proposed in the Quality Improvement Plan exceed one year from the date that the grantee received official notification of the deficiencies to be corrected.

(d) Within 30 days of the receipt of the Quality Improvement Plan, the responsible HHS official will notify the Early Head Start or Head Start grantee, in writing, of the Plan's approval or specify the reasons why the Plan is disapproved.

(e) If the Quality Improvement Plan is disapproved, the Early Head Start or Head Start grantee must submit a revised Quality Improvement Plan, making the changes necessary to address the reasons that the initial Plan was disapproved.

(f) If an Early Head Start or Head Start grantee fails to correct a deficiency, either immediately, or within the timeframe specified in the approved Quality Improvement Plan, the responsible HHS official will issue a letter of termination or denial of refunding. Head Start grantees may appeal terminations and denials of refunding under 45 CFR part 1303, while Early Head Start grantees may appeal terminations and denials of refunding only under 45 CFR part 74 or part 92. A deficiency that is not timely corrected shall be a material failure of a grantee to comply with the terms and conditions of an award within the meaning of 45 CFR 74.61(a)(1), 45 CFR 74.62 and 45 CFR 92.43(a).

1304.61 Noncompliance.

(a) If the responsible HHS official, as a result of information obtained from a review of an Early Head Start or Head Start grantee, determines that the grantee is not in compliance with Federal or State requirements (including, but not limited to, the Head Start Act or one or more of the regulations under parts 1301, 1304, 1305, 1306 or 1308 of this title) in ways that do not constitute a deficiency, he or she will notify the grantee promptly, in writing, of the finding, identifying the area or areas of noncompliance to be corrected and specifying the period in which they must be corrected.

(b) Early Head Start or Head Start grantees which have received written notification of an area of noncompliance to be corrected must correct the area of noncompliance within the time period specified by the responsible HHS official. A grantee which is unable or unwilling to correct the specified areas of noncompliance within the prescribed time period will be judged to have a deficiency which must be corrected, either immediately or pursuant to a Quality Improvement Plan (see 45 CFR 1304.3 (a)(6)(iii) and 45 CFR 1304.60).

Selected References Used in the Preparation of Program Guidance for Part 1304

Below are listed selected references, drawn from the hundreds of publications that were consulted in the development of the Guidance to the *Head Start Program Performance Standards*. We wish to acknowledge the importance of these materials and thank the authors for their contributions to the Guidance.

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Foundation Guides
Building a supportive community.
Effective transition practices: Facilitating continuity.
Engaging parents.
Laying a foundation in health and wellness.
Nurturing children.
Participating in the management process.
Setting the stage: Including children with disabilities in Head Start.

Technical Guides
Communicating with parents.
A design for family support.
Enhancing children's growth and development.
Enhancing health in the Head Start workplace.
Leading Head Start into the future.
Leading the way: A guide for the Head Start management team.
Observing and recording: Tools for decision making.
Partners in decision making.
Planning for transitions.
Preventing and managing communicable diseases.
Promoting mental health.
Supporting children with challenging behaviors: Relationships are key.
Sustaining a healthy environment.

Child Health and Developmental Services

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Child Development and Education

Head Start Bureau. (1987). *A guide for education coordinators in Head Start.* Catalog #HS01.

Bredekamp, S. & Copple, C. (Eds.) (1997). *Developmentally appropriate practice in early childhood programs: Revised Edition.* Washington, DC: NAEYC.

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Derman-Sparks, L., and the A.B.C. Task Force. (1989). *Anti-bias curriculum: Tools for empowering young children.* Washington, DC: NAEYC.

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Child Health and Safety

See listings under Child health and developmental services.

Child Nutrition

See listings under Child health and developmental services, especially Green (1994) and Kendrick, Kaufamnn & Messenger (1995).

Head Start Bureau. (1994). *Head Start nutrition education curriculum.* Catalog #HS2001.

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Additional nutrition resources, including a fact sheet listing children's books about food and nutrition, are available from:

The Food and Nutrition Information Center
National Agricultural Library, Room 304
10301 Baltimore Boulevard
Beltsville, MD 20705
Phone: (301) 504-5719
FAX: (301) (504)-6409

Child Mental Health

See listing under Child health and developmental services, especially Green (1994) and Kendrick, Kaufmann & Messenger (1995).

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Head Start Bureau. (1992). *A guide for providing social services in Head Start.* Catalog #HS3002.

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Head Start Bureau. *Exploring parenting curriculum.* Catalog #HS4053, #HS4058 (English); Catalog #HS4054, #HS4059 (Spanish).

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Head Start Bureau. (1991). *Head Start substance abuse guide: A resource handbook for Head Start grantees and other collaborating community programs.* Catalog #HS2252.

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PART 1305 — ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDENCE IN HEAD START

1305.1 Purpose and scope.

This part prescribes requirements for determining community needs and recruitment areas. It contains requirements and procedures for the eligibility determination, recruitment, selection, enrollment and attendance of children in Head Start programs and explains the policy concerning the charging of fees by Head Start programs. These requirements are to be used in conjunction with the Head Start Program Performance Standards at 45 CFR part 1304, as applicable.

1305.2 Definitions.

(a) *Children with disabilities* means children with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities who, by reason thereof need special education and related services. The term "children with disabilities" for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services.

(b) *Enrollment* means the official acceptance of a family by a Head Start program and the completion of all procedures necessary for a child and family to begin receiving services.

(c) *Enrollment opportunities* mean vacancies that exist at the beginning of the enrollment year, or during the year because of children who leave the program, that must be filled for a program to achieve and maintain its funded enrollment.

(d) *Enrollment year* means the period of time, not to exceed twelve months, during which a Head Start program provides center or home-based services to a group of children and their families.

(e) *Family means* all persons living in the same household who are:

(1) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption.

(f) *Funded enrollment* means the number of children which the Head Start grantee is to serve, as indicated on the grant award.

(g) *Head Start eligible* means a child that meets the requirements for age and family income as established in this regulation or, if applicable, as established by grantees that meet the requirements of section 645(a) (2) of the Head Start Act. Up to ten percent of the children enrolled may be from families that exceed the low-income guidelines. Indian Tribes meeting the conditions specified in 45 CFR 1305.4(b)(3) are excepted from this limitation.

(h) *Head Start program* means a Head Start grantee or its delegate agency(ies).

(i) *Income* means gross cash income and includes earned income, military income (including pay and allowances), veterans benefits, Social Security benefits, unemployment compensation, and public assistance benefits. Additional examples of gross cash income are listed in the definition of "income," which appears in U.S. Bureau of the Census, Current Population Reports, Series P-60-185.

(j) *Income guidelines* means the official poverty line specified in section 652 of the Head Start Act.

(k) *Indian Tribe* means any tribe, band, nation, pueblo, or other organized group or community of Indians, including any Native village described in section 3(c) of the Alaska Native Claims Settlement Act (45 U.S.C. 1602(c)) or established pursuant to such Act (43 U.S.C. 1601 *et seq.*), that is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians.

(l) *Low-income family* means a family whose total annual income before taxes is equal to, or less than, the income guidelines. For the purpose of eligibility, a child from a family that is receiving public assistance or a child in foster care is eligible even if the family income exceeds the income guidelines.

(m) *Migrant family* means, for purposes of Head Start eligibility, a family with children under the age of compulsory school attendance who changed their residence by moving from one geographic location to another, either intrastate or interstate, within the preceding two years for the purpose of engaging in agricultural work that involves the production and harvesting of tree and field crops and whose family income comes primarily from this activity.

(n) *Recruitment* means the systematic ways in which a Head Start program identifies families whose children are eligible for Head Start services, informs them of the services available, and encourages them to apply for enrollment in the program.

(o) *Recruitment area* means that geographic locality within which a Head Start program seeks to enroll Head Start children and families. The recruitment area can be the same as the service area or it can be a smaller area or areas within the service area.

(p) *Responsible HHS official* means the official of the U.S. Department of Health and Human Services having authority to make Head Start grant awards, or his or her designee.

(q) *Selection* means the systematic process used to review all applications for Head Start services and to identify those children and families that are to be enrolled in the program.

(r) *Service area* means the geographic area identified in an approved grant application within which a grantee may provide Head Start services.

(s) *Vacancy* means an unfilled enrollment opportunity for a child and family in the Head Start program.

1305.3 Determining community strengths and needs.

(a) Each Early Head Start and Head Start grantee must identify its proposed service area in its Head Start grant application and define it by county or sub-county area, such as a municipality, town or census tract or a federally recognized Indian reservation. With regard to Indian Tribes, the service area may include areas designated as near-reservation by the Bureau of Indian Affairs (BIA) or, in the absence of such a designation, a Tribe may propose to define its service area to include nearby areas where Indian children and families native to the reservation reside, provided that the service area is approved by the Tribe's governing council. Where the service area of a Tribe includes a non-reservation area, and that area is also served by another Head Start grantee, the Tribe will be authorized to serve children from families native to the reservation residing in the non-reservation area as well as children from families residing on the reservation.

(b) The grantee's service area must be approved, in writing, by the responsible HHS official in order to assure that the service area is of reasonable size and, except in situations where a near-reservation designation or other expanded service area has been approved for a Tribe, does not overlap with that of other Head Start grantees.

(c) Each Early Head Start and Head Start grantee agency must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area:

(1) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;

(2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;

(3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;

(4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;

(5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;

(6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.

(d) The Early Head Start and Head Start grantee and delegate agency must use information from the Community Assessment to:

(1) Help determine the grantee's philosophy, and its long-range and short-range program objectives;

(2) Determine the type of component services that are most needed and the program option or options that will be implemented;

(3) Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.

(4) If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.

(5) Determine appropriate locations for centers and the areas to be served by home-based programs; and

(6) Set criteria that define the types of children and families who will be given priority for recruitment and selection.

(e) In each of the two years following completion of the Community Assessment the grantee agency must conduct a review to determine whether there have been significant changes in the information described in paragraph (b) of this section. If so, the Community Assessment must be updated and the decisions described in paragraph (c) of this section must be reconsidered.

(f) The recruitment area must include the entire service area, unless the resources available to the Head Start grantee are inadequate to serve the entire service area.

(g) In determining the recruitment area when it does not include the entire service area, the grantee must:

(1) Select an area or areas that are among those having the greatest need for Early Head Start or Head Start services as determined by the Community Assessment; and

(2) Include as many Head Start eligible children as possible within the recruitment area, so that:

(i) The greatest number of Head Start eligible children can be recruited and have an opportunity to be considered for selection and enrollment in the Head Start program, and
(ii), the Head Start program can enroll the children and families with the greatest need for its services.

1305.4 Age of children and family income eligibility.

(a) To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. Examples of such exceptions are programs serving children of migrant families and Early Head Start programs.

(b)(1) At least 90 percent of the children who are enrolled in each Head Start program must be from low-income families.

(2) Except as provided in paragraph (b)(3) of this section, up to ten percent of the children who are enrolled may be children from families that exceed the low-income guidelines but who meet the criteria that the program has established for selecting such children and who would benefit from Head Start services.

(3) A Head Start program operated by an Indian Tribe may enroll more than ten percent of its children from families whose incomes exceed the low-income guidelines when the following conditions are met:

(i) All children from Indian and non-Indian families living on the reservation that meet the low-income guidelines who wish to be enrolled in Head Start are served by the program;

(ii) All children from income-eligible Indian families native to the reservation living in non-reservation areas, approved as part of the Tribe's service area, who wish to be enrolled in Head Start are served by the program. In those instances in which the non-reservation area is not served by another Head Start program, the Tribe must serve all of the income-eligible Indian and non-Indian children whose families wish to enroll them in Head Start prior to serving over-income children.

(iii) The Tribe has the resources within its Head Start grant or from other non-Federal sources to enroll children from families whose incomes exceed the low-income guidelines without using additional funds from HHS intended to expand Head Start services; and
(iv) At least 51 percent of the children to be served by the program are from families that meet the income-eligibility guidelines.

(4) Programs which meet the conditions of paragraph (b)(3) of this section must annually set criteria that are approved by the Policy Council and the Tribal Council for selecting over-income children who would benefit from such a program.

(c) The family income must be verified by the Head Start program before determining that a child is eligible to participate in the program.

(d) Verification must include examination of any of the following: Individual Income Tax Form 1040, W-2 forms, pay stubs, pay envelopes, written statements from employers, or documentation showing current status as recipients of public assistance.

(e) A signed statement by an employee of the Head Start program, identifying which of these documents was examined and stating that the child is eligible to participate in the program, must be maintained to indicate that income verification has been made.

1305.5 Recruitment of children.

(a) In order to reach those most in need of Head Start services, each Head Start grantee and delegate agency must develop and implement a recruitment process that is designed to actively inform all families with Head Start eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process may include canvassing the local community, use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.

(b) During the recruitment process that occurs prior to the beginning of the enrollment year, a Head Start program must solicit applications from as many Head Start eligible families within the recruitment area as possible. If necessary, the program must assist families in filling out the application form in order to assure that all information needed for selection is completed.

(c) Each program, except migrant programs, must obtain a number of applications during the recruitment process that occurs prior to the beginning of the enrollment year that is greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services.

1305.6 Selection process.

(a) Each Head Start program must have a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for Head Start services. The selection criteria must be based on those contained in paragraphs (b) and (c) of this section.

(b) In selecting the children and families to be served, the Head Start program must consider the income of eligible families, the age of the child, the availability of kindergarten or first grade to the child, and the extent to which a child or family meets the criteria that each program is required to establish in Sec. 1305.3(c)(6). Migrant programs must also give priority to children from families whose pursuit of agricultural work required them to relocate most frequently within the previous two-year period.

(c) At least 10 percent of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities who meet the definition for children with disabilities in Sec. 1305.2(a). An exception to this requirement will be granted only if the responsible HHS official determines, based on such supporting evidence as he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individual Education Plans (IEP) or Individualized Family Service Plans (IFSP), with services provided directly by Head Start or Early Head Start or in conjunction with other providers.

(d) Each Head Start program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.

1305.7 Enrollment and re-enrollment.

(a) Each child enrolled in a Head Start program, except those enrolled in a migrant program, must be allowed to remain in Head Start until kindergarten or first grade is available for the child in the child's community, except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start services.

(b) A Head Start grantee must maintain its funded enrollment level. When a program determines that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. A program may elect not to fill a vacancy when 60 calendar days or less remain in the program's enrollment year.

(c) If a child has been found income eligible and is participating in a Head Start program, he or she remains income eligible through that enrollment year and the immediately succeeding enrollment year. Children who are enrolled in a program receiving funds under the authority of section 645A of the Head Start Act (programs for families with infants and toddlers, or Early Head Start) remain income eligible while they are participating in the program. When a child moves from a program serving infants and toddlers to a Head Start program serving children age three and older, the family income must be reverified. If one agency operates both an Early Head Start and a Head Start program, and the parents wish to enroll their child who has been enrolled in the agency's Early Head Start program, the agency must ensure, whenever possible, that the child receives Head Start services until enrolled in school.

1305.8 Attendance.

(a) When the monthly average daily attendance rate in a center-based program falls below 85 percent, a Head Start program must analyze the causes of absenteeism. The analysis must include a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur on consecutive days.

(b) If the absences are a result of illness or if they are well documented absences for other reasons, no special action is required. If, however, the absences result from other factors, including temporary family problems that affect a child's regular attendance, the program must initiate appropriate family support procedures for all children with four or more consecutive unexcused absences. These procedures must include home visits or other direct contact with the child's parents. Contacts with the family must emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts with the child's family as well as special family support service activities provided by program staff must be documented.

(c) In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or a different program option, the child's slot must be considered an enrollment vacancy.

1305.9 Policy on fees.

A Head Start program must not prescribe any fee schedule or otherwise provide for the charging of any fees for participation in the program. If the family of a child determined to be eligible for participation by a Head Start program volunteers to pay part or all of the costs of the child's participation, the Head Start program may accept the voluntary payments and record the payments as program income.

Under no circumstances shall a Head Start program solicit, encourage, or in any other way condition a child's enrollment or participation in the program upon the payment of a fee.

1305.10 Compliance.

A grantee's failure to comply with the requirements of this Part may result in a denial of refunding or termination in accordance with 45 CFR part 1303.

PART 1306 — HEAD START STAFFING REQUIREMENTS AND PROGRAM OPTIONS

Subpart A — General

1306.1 Purpose and scope.

This Part sets forth requirements for Early Head Start and Head Start program staffing and program options that all Early Head Start and Head Start grantee and delegate agencies, with the exception of Parent Child Center programs, must meet. The exception for Parent Child Centers is for fiscal years 1995, 1996, and 1997 as consistent with section 645A(e)(2) of the Head Start Act, as amended. These requirements, including those pertaining to staffing patterns, the choice of the program options to be implemented and the acceptable ranges in the implementation of those options, have been developed to help maintain and improve the quality of Early Head Start and Head Start and to help promote lasting benefits to the children and families being served. These requirements are to be used in conjunction with the Head Start Program Performance Standards at 45 CFR 1304, as applicable.

1306.2 Effective dates.

(a) Except as provided in paragraph (b) of this section, Head Start grantees funded or refunded after June 7, 1993, must comply with these requirements by such times in their grant cycles as new groups of children begin receiving services. This does not preclude grantees from voluntarily coming into compliance with these regulations prior to the effective date.

(b) With respect to the requirements of Sec. 1306.32(b)(2), grantees that are currently operating classes in double session center-based options for less than three and a half hours per day, but for at least three hours per day, may continue to do so until September 1, 1995, at which time they must comply with the three and one-half hour minimum class time requirement.

1306.3 Definitions.

(a) *Center-based program option* means Head Start services provided to children primarily in classroom settings.

(b) *Combination program option* means Head Start services provided to children in both a center setting and through intensive work with the child's parents and family at home.

(c) *Days of operation* means the planned days during which children will be receiving direct Head Start component services in a classroom, on a field trip or on trips for health-related activities, in group socialization or when parents are receiving a home visit.

(d) *Double session variation* means a variation of the center-based program option that operates with one teacher who works with one group of children in a morning session and a different group of children in an afternoon session.

(e) *Full-day variation* means a variation of the center-based program option in which program operations continue for longer than six hours per day.

(f) *Group socialization activities* means the sessions in which children and parents enrolled in the home-based or combination program option interact with other home-based or combination children and parents in a Head Start classroom, community facility, home, or on a field trip.

(g) *Head Start class* means a group of children supervised and taught by two paid staff members (a teacher and a teacher aide or two teachers) and, where possible, a volunteer.

(h) *Head Start parent* means a Head Start child's mother or father, other family member who is a primary caregiver, foster parent, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.

(i) *Head Start program* is one operated by a Head Start grantee or delegate agency.

(j) *Home-based program* option means Head Start services provided to children, primarily in the child's home, through intensive work with the child's parents and family as the primary factor in the growth and development of the child.

(k) *Home visits* means the visits made to a child's home by the class teacher in a center-based program option, or home visitors in a home-based program option, for the purpose of assisting parents in fostering the growth and development of their child.

(l) *Hours of operation* means the planned hours per day during which children and families will be receiving direct Head Start component services in a classroom, on a field trip, while receiving medical or dental services, or during a home visit or group socialization activity. Hours of operation do not include travel time to and from the center at the beginning and end of a session.

(m) *Parent-teacher conference* means the meeting held at the Head Start center between the child's teacher and the child's parents during which the child's progress and accomplishments are discussed.

Subpart B — Head Start Program Staffing Requirements

1306.20 Program staffing patterns.

(a) Grantees must meet the requirements of 45 CFR 1304.52(g), Classroom staffing and home visitors, in addition to the requirements of this Section.

(b) Grantees operating center-based program options must employ two paid staff persons (a teacher and a teacher aide or two teachers) for each class. Whenever possible, there should be a third person in the classroom who is a volunteer.

(c) Grantees operating home-based program options must employ home visitors responsible for home visits and group socialization activities.

(d) Grantees operating a combination program option must employ, for their classroom operations, two paid staff persons, a teacher and a teacher aide or two teachers, for each class. Whenever possible, there should be a third person in the classroom who is a volunteer. They must employ staff for home visits who meet the qualifications the grantee requires for home visitors.

(e) Classroom staff and home visitors must be able to communicate with the families they serve either directly or through a translator. They should also be familiar with the ethnic background of these families.

1306.21 Staff qualification requirements.

Head Start programs must comply with section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of classroom teachers.

1306.22 Volunteers.

(a) Head Start programs must use volunteers to the fullest extent possible. Head Start grantees must develop and implement a system to actively recruit, train and utilize volunteers in the program.

(b) Special efforts must be made to have volunteer participation, especially parents, in the classroom and during group socialization activities.

1306.23 Training.

(a) Head Start grantees must provide pre-service training and in-service training opportunities to program staff and volunteers to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities. This training must be directed toward improving the ability of staff and volunteers to deliver services required by Head Start regulations and policies.

(b) Head Start grantees must provide staff with information and training about the underlying philosophy and goals of Head Start and the program options being implemented.

Subpart C — Head Start Program Options

1306.30 Provisions of comprehensive child development services.

(a) All Head Start grantees must provide comprehensive child development services, as defined in the Head Start Performance Standards.

(b) All Head Start grantees must provide classroom or group socialization activities for the child as well as home visits to the parents. The major purpose of the classroom or socialization activities is to help meet the child's development needs and to foster the child's social competence. The major purpose of the home visits is to enhance the parental role in the growth and development of the child.

(c) The facilities used by Early Head Start and Head Start grantee and delegate agencies for regularly scheduled center-based and combination program option classroom activities must comply with State and local requirements concerning licensing. In cases where these licensing standards are less comprehensive or less stringent than the Head Start regulations, grantee and delegate agencies are required to assure that their facilities are in compliance with the Head Start Program Performance Standards related to health and safety as found in 45 CFR 1304.53(a), Physical environment and facilities.

(d) All grantees must identify, secure and use community resources in the provision of services to Head Start children and their families prior to using Head Start funds for these services.

1306.31 Choosing a Head Start program option.

(a) Grantees may choose to implement one or more than one of three program options: a center-based option, a home-based program option or a combination program option.

(b) The program option chosen must meet the needs of the children and families as indicated by the community needs assessment conducted by the grantee.

(c) When assigning children to a particular program option, Head Start grantees that operate more than one program option must consider such factors as the child's age, developmental level, disabilities, health or learning problems, previous preschool experiences and family situation. Grantees must also consider parents' concerns and wishes prior to making final assignments.

1306.32 Center-based program option.

(a) *Class size.* (1) Head Start classes must be staffed by a teacher and an aide or two teachers and, whenever possible, a volunteer.

(2) Grantees must determine their class size based on the predominant age of the children who will participate in the class and whether or not a center-based double session variation is being implemented.

(3) For classes serving predominantly four or five-year-old children, the average class size of that group of classes must be between 17 and 20 children, with no more than 20 children enrolled in any one class.

(4) When double session classes serve predominantly four or five-year-old-children, the average class size of that group of classes must be between 15 and 17 children. A double session class for four or five-year old children may have no more than 17 children enrolled. (See paragraph (c) of this section for other requirements regarding the double session variation.)

(5) For classes serving predominantly three-year-old children, the average class size of that group of classes must be between 15 and 17 children, with no more than 17 children enrolled in any one class.

(6) When double session classes serve predominantly three-year-old children, the average class size of that group of classes must be between 13 and 15 children. A double session class for three-year-old children may have no more than 15 children enrolled. (See paragraph (c) of this section for other requirements regarding the double session variation.)

(7) It is recommended that at least 13 children be enrolled in each center-based option class where feasible.

(8) A class is considered to serve predominantly four- or five-year-old children if more than half of the children in the class will be four or five years old by whatever date is used by the State or local jurisdiction in which the Head Start program is located to determine eligibility for public school.

(9) A class is considered to serve predominantly three-year-old children if more than half of the children in the class will be three years old by whatever date is used by the State or local jurisdiction in which Head Start is located to determine eligibility for public school.

(10) Head Start grantees must determine the predominant age of children in the class at the start of the year. There is no need to change that determination during the year.

(11) In some cases, State or local licensing requirements may be more stringent than these class requirements, preventing the required minimum numbers of children from being enrolled in the facility used by Head Start. Where this is the case, Head Start grantees must try to find alternative facilities that satisfy licensing requirements for the numbers of children cited above. If no alternative facilities are available, the responsible HHS official has the discretion to approve enrollment of fewer children than required above.

(12) The chart below may be used for easy reference:

Predominant age of children in the class	**Funded class size [Funded enrollment]**
4 and 5 year olds.	Program average of 17-20 children enrolled per class in these classes. No more than 20 children enrolled in any class.
4 and 5 year olds in double session classes.	Program average of 15-17 children enrolled per class in these classes. No more than 17 children enrolled in any class.
3 year olds.	Program average of 15-17 children enrolled per class in these classes. No more than 17 children enrolled in any class.
3 year olds in double session classes.	Program average of 13-15 children enrolled per class in these classes. No more than 15 children enrolled in any class.

(b) *Center-based program option requirements.* (1) Classes must operate for four or five days per week or some combination of four and five days per week.

(2) Classes must operate for a minimum of three and one-half to a maximum of six hours per day with four hours being optimal.

(3) The annual number of required days of planned class operations (days when children are scheduled to attend) is determined by the number of days per week each program operates. Programs that operate for four days per week must provide at least 128 days per year of planned class operations. Programs that operate for five days per week must provide at least 160 days per year of planned class operations. Grantees implementing a combination of four and five days per week must plan to operate between 128 and 160 days per year. The minimum number of planned days of service per year can be determined by computing the relative number of four and five day weeks that the program is in operation.

All center-based program options must provide a minimum of 32 weeks of scheduled days of class operations over an eight or nine month period. Every effort should be made to schedule makeup classes using existing resources if planned class days fall below the number required per year.

(4) Programs must make a reasonable estimate of the number of days during a year that classes may be closed due to problems such as inclement weather or illness, based on their experience in previous years. Grantees must make provisions in their budgets and program plans to operate makeup classes and provide these classes, when needed, to prevent the number of days of service available to the children from falling below 128 days per year.

(5) Each individual child is not required to receive the minimum days of service, although this is to be encouraged in accordance with Head Start policies regarding attendance. The minimum number of days also does not apply to children with disabilities whose individualized education plan may require fewer planned days of service in the Head Start program.

(6) Head Start grantees operating migrant programs are not subject to the requirement for a minimum number of planned days, but must make every effort to provide as many days of service as possible to each migrant child and family.

(7) Staff must be employed for sufficient time to allow them to participate in pre-service training, to plan and set up the program at the start of the year, to close the program at the end of the year, to conduct home visits, to conduct health examinations, screening and immunization activities, to maintain records, and to keep service component plans and activities current and relevant. These activities should take place outside of the time scheduled for classes in center-based programs or home visits in home-based programs.

(8) Head Start grantees must develop and implement a system that actively encourages parents to participate in two home visits annually for each child enrolled in a center-based program option. These visits must be initiated and carried out by the child's teacher. The child may not be dropped from the program if the parents will not participate in the visits.

(9) Head Start grantees operating migrant programs are required to plan for a minimum of two parent-teacher conferences for each child during the time they serve that child. Should time and circumstance allow, migrant programs must make every effort to conduct home visits.

(c) *Double session variation*. (1) A center-based option with a double session variation employs a single teacher to work with one group of children in the morning and a different group of children in the afternoon. Because of the larger number of children and families to whom the teacher must provide services, double session program options must comply with the requirements regarding class size explained in paragraph (a) of this section and with all other center-based requirements in paragraph (b) of this section with the exceptions and additions noted in paragraphs (c) (2) and (3) of this section.

(2) Each program must operate classes for four days per week.

(3) Each double session classroom staff member must be provided adequate break time during the course of the day. In addition, teachers, aides and volunteers must have appropriate time to prepare for each session together, to set up the classroom environment and to give individual attention to children entering and leaving the center.

(d) *Full day variation*. (1) A Head Start grantee implementing a center-based program option may operate a full day variation and provide more than six hours of class operations per day using Head Start funds. These programs must comply with all the requirements regarding the center-based program option found in paragraphs (a) and (b) of this section with the exception of paragraph (b)(2) regarding the hours of service per day.

(2) Programs are encouraged to meet the needs of Head Start families for full day services by securing funds from other agencies.

Before implementing a full day variation of a center-based option, a Head Start grantee should demonstrate that alternative enrollment opportunities or funding from non-Head Start sources are not available for Head Start families needing full-day child care services.

(3) Head Start grantees may provide full day services only to those children and families with special needs that justify full day services or to those children whose parents are employed or in job training with no caregiver present in the home. The records of each child receiving services for more than six hours per day must show how each child meets the criteria stated above.

(e) Non-Head Start services. Grantees may charge for services which are provided outside the hours of the Head Start program.

1306.33 Home-based program option.

(a) Grantees implementing a home-based program option must:

(1) Provide one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 and 1/2 hours each.

(2) Provide, at a minimum, two group socialization activities per month for each child (a minimum of 16 group socialization activities each year).

(3) Make up planned home visits or scheduled group socialization activities that were canceled by the grantee or by program staff when this is necessary to meet the minimums stated above. Medical or social service appointments may not replace home visits or scheduled group socialization activities.

(4) Allow staff sufficient employed time to participate in pre-service training, to plan and set up the program at the start of the year, to close the program at the end of the year, to maintain records, and to keep component and activities plans current and relevant. These activities should take place when no home visits or group socialization activities are planned.

(5) Maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.

(b) Home visits must be conducted by trained home visitors with the content of the visit jointly planned by the home visitor and the parents. Home visitors must conduct the home visit with the participation of parents. Home visits may not be conducted by the home visitor with only baby-sitters or other temporary caregivers in attendance.

(1) The purpose of the home visit is to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment. The home visitor must work with parents to help them provide learning opportunities that enhance their child's growth and development.

(2) Home visits must, over the course of a month, contain elements of all Head Start program components. The home visitor is the person responsible for introducing, arranging and/or providing Head Start services.

(c) Group socialization activities must be focused on both the children and parents. They may not be conducted by the home visitor with baby-sitters or other temporary caregivers.

(1) The purpose of these socialization activities for the children is to emphasize peer group interaction through age appropriate activities in a Head Start classroom, community facility, home, or on a field trip. The children are to be supervised by the home visitor with parents observing at times and actively participating at other times.

(2) These activities must be designed so that parents are expected to accompany their children to the group socialization activities at least twice each month to observe, to participate as volunteers or to engage in activities designed specifically for the parents.

(3) Grantees must follow the nutrition requirements specified in 45 CFR 1304.23(b)(2) and provide appropriate snacks and meals to the children during group socialization activities.

1306.34 Combination program option.

(a) Combination program option requirements:

(1) Grantees implementing a combination program option must provide class sessions and home visits that result in an amount of contact with children and families that is, at a minimum, equivalent to the services provided through the center-based program option or the home-based program option.

(2) Acceptable combinations of minimum number of class sessions and corresponding number of home visits are shown below. Combination programs must provide these services over a period of 8 to 12 months.

Number of class sessions	Number of home visits
96	8
92-95	9
88-91	10
84-87	11
80-83	12
76-79	13
72-75	14
68-71	15
64-67	16
60-63	17
56-59	18
52-55	19
48-51	20
44-47	21
40-43	22
36-39	23
32-35	24

(3) The following are examples of various configurations that are possible for a program that operates for 32 weeks:

- A program operating classes three days a week and providing one home visit a month (96 classes and 8 home visits a year);
- A program operating classes two days a week and providing two home visits a month (64 classes and 16 home visits a year);
- A program operating classes one day a week and providing three home visits a month (32 classes and 24 home visits a year).

(4) Grantees operating the combination program option must make a reasonable estimate of the number of days during a year that centers may be closed due to problems such as inclement weather or illness, based on their experience in previous years. Grantees must make provisions in their budgets and program plans to operate make-up classes up to the estimated number, and provide these classes, when necessary, to prevent the number of days of classes from falling below the number required by paragraph (a)(2) of this section. Grantees must make up planned home visits that were canceled by the program or by the program staff if this is necessary to meet the minimums required by paragraph (a)(2) of this section. Medical or social service appointments may not replace home visits.

(b) *Requirements for class sessions*: (1) Grantees implementing the combination program option must comply with the class size requirements contained in Sec. 1306.32(a).

(2) The provisions of the following sections apply to grantees operating the combination program option: Sec. 1306.32(b) (2), (5), (6), (7) and (9).

(3) If a grantee operates a double session or a full day variation, it must meet the provisions concerning double-sessions contained in Sec. 1306.32(c)(1) and (3) and the provisions for the center-based program option's full day variation found in Sec. 1306.32(d).

(c) *Requirements for home visits*: (1) Home visits must last for a minimum of 1 and 1/2 hours each.

(2) The provisions of the following section, concerning the home-based program option, must be adhered to by grantees implementing the combination program option: Sec. 1306.33(a) (4) and (5); and Sec. 1306.33(b).

1306.35 Additional Head Start program option variations.

In addition to the center-based, home-based and combination program options defined above, the Commissioner of the Administration on Children, Youth and Families retains the right to fund alternative program variations to meet the unique needs of communities or to demonstrate or test alternative approaches for providing Head Start services.

1306.36 Compliance waiver.

An exception to one or more of the requirements contained in Secs. 1306.32 through 1306.34 of subpart C will be granted only if the Commissioner of the Administration on Children, Youth and Families determines, on the basis of supporting evidence, that the grantee made a reasonable effort to comply with the requirement but was unable to do so because of limitations or circumstances with a specific community or communities served by the grantee.

PART 1308 — HEAD START PROGRAM PERFORMANCE STANDARDS ON SERVICES FOR CHILDREN WITH DISABILITIES

Subpart A — General

1301.1 Purpose and application.

This rule sets forth the requirements for providing special services for 3- through 5-year old children with disabilities enrolled in Head Start programs. These requirements are to be used in conjunction with the Head Start Program Performance Standards at 45 CFR part 1304. The purpose of this part is to ensure that children with disabilities enrolled in Head Start Programs receive all the services to which they are entitled under the Head Start Program Performance Standards at 45 CFR part 1304, as amended.

1308.2 Scope.

This rule applies to all Head Start grantees and delegate agencies.

1308.3 Definitions.

(a) The term ACYF means the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, and includes appropriate Regional Office staff.

(b) The term *children with disabilities* means children with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities; and who, by reason thereof, need special education and related services. The term *children with disabilities* for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the States and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services.

(c) The term *Commissioner* means the Commissioner of the Administration on Children, Youth and Families.

(d) The term *day* means a calendar day.

(e) The term *delegate agency* means a public or private non-profit agency to which a grantee has delegated the responsibility for operating all or part of its Head Start program.

(f) The term *disabilities coordinator* means the person on the Head Start staff designated to manage on a full or part-time basis the services for children with disabilities described in part 1308.

(g) The term *eligibility criteria* means the criteria for determining that a child enrolled in Head Start requires special education and related services because of a disability.

(h) The term *grantee* means the public or private non-profit agency which has been granted financial assistance by ACYF to administer a Head Start program.

(i) The term *individualized education program (IEP)* means a written statement for a child with disabilities, developed by the public agency responsible for providing free appropriate public education to a child, and contains the special education and related services to be provided to an individual child.

(j) The term *least restrictive environment* means an environment in which services to children with disabilities are provided:

(1) to the maximum extent appropriate, with children who are not disabled and in which;

(2) special classes or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

(k) The terms *Performance Standards* means the Head Start program functions, activities and facilities required and necessary to meet the objectives and goals of the Head Start program as they relate directly to children and their families.

(l) The term *related services* means transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services, and parent counseling and training. It includes other developmental, corrective or supportive services if they are required to assist a child with a disability to benefit from special education, including assistive technology services and devices.

(1) The term *assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

(2) The term *assistive technology service* means any service that directly assists and individual with a disability in the selection, acquisition, or use of an assistive technology device. The term includes: The evaluation of the needs of an individual with a disability; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and training or technical assistance to professionals who employ or provide services involved in the major life functions of individuals with disabilities.

(m) The term *responsible HHS official* means the official who is authorized to make the grant of assistance in question or his or her designee.

(n) The term *special education* means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a child with a disability. These services include classroom or home-based instruction, instruction in hospitals and institutions, and specially designed physical education if necessary.

SUBPART B — DISABILITIES SERVICE PLAN

1308.4

Purpose and scope of disabilities service plan.

(a) A Head Start grantee, or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure:

(1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents;

(2) That resources are used efficiently.

Guidance: In order to develop an effective disabilities service plan the responsible staff members need to understand the context in which a grantee operates. The Head Start program has operated under a Congressional mandate, since 1972, to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. Head Start has exceeded this mandate and serves children in integrated, developmentally appropriate programs. The passage of the Individuals With Disabilities Education Act, formerly the Education of the Handicapped Act, and its amendments, affects Head Start, causing a shift in the nature of Head Start's responsibilities for providing services for children with disabilities relative to the responsibilities of State Education Agencies (SEA) and Local Education Agencies (LEA).

Grantees need to be aware that under the IDEA the State Education Agency has the responsibility for assuring the availability of a free appropriate public education for all children with disabilities within the legally required age range in the State. This responsibility includes general supervision of educational programs in all agencies, including monitoring and evaluating the special education and related services to insure that they meet State standards, developing a comprehensive State plan for services for children with disabilities (including a description of interagency coordination among these agencies), and providing a Comprehensive System for Personnel Development related to training needs of all special education and related service personnel involved in the education of children with disabilities served by these agencies, including Head Start programs.

Each State has in effect under IDEA a policy assuring all children with disabilities beginning at least at age three, including those in public or private institutions or other care facilities, the right to a free appropriate education and to an evaluation meeting established procedures. Head Start is either:

- The agency through which the Local Education Agency can meet its obligation to make a free appropriate public education available through a contract, State or local collaborative agreement, or other arrangement; or
- The agency in which the family chooses to have the child served rather than using LEA services.

Regardless of how a child is placed in Head Start, the LEA is responsible for the identification, evaluation and provision of a free appropriate public education for a child found to be in need of special education and related services which are mandated in the State. The LEA is responsible for ensuring that these services are provided, but not for providing them all. IDEA stresses the role of multiple agencies and requires their maintenance of effort.

The Head Start responsibility is to make available directly or in cooperation with other agencies services in the least restrictive environment in accordance with an individualized education program (IEP) for at least ten percent of enrolled children who meet the disabilities eligibility criteria. In addition, Head Start continues to provide or arrange for the full range of health, dental, nutritional, developmental, parent involvement and social services provided to all enrolled children. Head Start has a mandate to recruit and enroll income-eligible children and children with disabilities who are most in need of services and to coordinate with the LEA and other groups to benefit children with disabilities and their families. Serving children with disabilities has strengthened Head Start's ability to individualize for all children. Head Start is fully committed to the maintenance of effort as required for all agencies by the IDEA and by the Head Start Act (Sec. 640(a)(2)(A)). Head Start is committed to fiscal support to assure that the services which children with disabilities need to meet their special needs will be provided in full, either directly or by a combination of Head Start funds and other resources.

These Head Start regulations facilitate coordination with the IDEA by utilizing identical terms for eligibility criteria for the most part. However, Head Start has elected to use the term "emotional/ behavioral disorder" in lieu of "serious emotional disturbance," which is used in the IDEA, in response to comments and concerns of parents and professionals. Children who meet State-developed criteria under IDEA will be eligible for services from Head Start in that State.

In order to organize activities and resources to help children with disabilities overcome or lessen their disabilities and develop their potential, it is essential to involve the education, health, social services, parent involvement, mental health and nutrition components of Head Start. Parents, staff and policy group members should discuss the various strategies for ensuring that the disabilities service plan integrates needs and activities which cut across the Head Start component areas before the plan is completed.

Advance planning and scheduling of arrangements with other agencies is a key factor in assuring timely, efficient services. Local level interagency agreements can greatly facilitate the difficult tasks of locating related service providers, for example, and joint community screening programs can reduce delays and costs to each of the participating agencies.

1308.4(b)

(b) The plan must be updated annually.

Guidance: The plan and the annual updates need to be specific, but not lengthy. As changes occur in the community, the plan needs to reflect the changes which affect services.

1308.4(c)

(c) The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities.

Guidance: Grantees should ensure that the practices they use to provide special services do not result in undue attention to a child with a disability. For example, providing names and schedules of special services for children with disabilities in the classroom is useful for staff or volunteers coming into that classroom but posting them would publicize the disability of the individual children.

1308.4(d)

(d) The Head Start grantee and delegate agency must use the disabilities service plan as a working document which guides all aspects of the agency's effort to serve children with disabilities. This plan must take into account the needs of the children for small group activities, for modifications of large group activities and for any individual special help.

Guidance: Staff should work for the children's greater independence by encouraging them to try new things and to meet appropriate goals by small steps. Grantees should help children with disabilities develop initiative by including them in opportunities to explore, to create, and to ask rather than to answer questions. The children need opportunities to use a wide variety of materials including science tools, art media and costumes in order to develop skills, imagination and originality. They should be included on field trips, as their experience may have been limited, for example, by an orthopedic impairment.

Just as a program makes available pictures and books showing children and adults from representative cultural, ethnic and occupational groups, it should provide pictures and books which show children and adults with disabilities, including those in active roles.

Staff should plan to answer questions children and adults may have about disabilities. This promotes acceptance of a child with disabilities for him or herself and leads to treating the child more normally. Effective curricula are available at low cost for helping children and adults understand disabilities and for improving attitudes and increasing knowledge about disabilities. Information on these and other materials can be obtained from resource access projects contractors, which offer training and technical assistance to Head Start programs.

There are a number of useful guides for including children with disabilities in regular group activities while providing successful experiences for children who differ widely in developmental levels and skills. Some of these describe activities around a unit theme with suggestions for activities suitable for children with different skill levels. Staff need to help some children with disabilities move into developmentally appropriate play with other children.

Research has shown the effectiveness of work in small groups for appropriately selected children with disabilities. This plan allows for coordinating efforts to meet the needs of individual children as listed in their IEPs and can help focus resources efficiently.

If a deaf child who uses or needs sign language or another communication mode is enrolled, a parent, volunteer or aide who can use that mode of communication should be provided to help the child benefit from the program.

In order to build the language and speech capabilities of many children with disabilities who have communication problems, it has been found helpful to enlist aides, volunteers, cooks, bus drivers and parents, showing them how to provide extra repetition and model gradually more advanced language as children improve in their ability to understand and use language. Small group activities for children with similar language development needs should be provided regularly as well as large group language and listening games and individual help. Helping children with intellectual delays or emotional problems or those whose experiences have been limited by other disabilities to express their own ideas and to communicate during play and throughout the daily activities is motivating and can contribute greatly to their progress.

1308.4(e)

(e) The grantee or delegate agency must designate a coordinator of services for children with disabilities (disabilities coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities. The grantee or delegate must ensure that all relevant coordinators, other staff and parents are consulted.

Guidance: The Disabilities Service Coordinator should possess a basic understanding of the scope of the Head Start effort and skills adequate to manage the agency to serve children with disabilities including coordination with other program components and community agencies and work with parents.

1308.4(f)

(f) The disability service plan must contain:

(1) Procedures for timely screening;

(2) Procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child's third birthday;

(3) Assurances of accessibility of facilities; and

(4) Plans to provide appropriate special furniture, equipment and materials if needed.

Guidance: For non-verbal children, communication boards, computers and other assistive technology devices may be helpful. Technical assistance providers have information on the Technology Related Assistance for Individuals with Disabilities Act of 1988, 29 U.S.C. 2201 et seq. States are funded through this legislation to plan Statewide assistive technology services, which should include services for young children. Parents should be helped to understand the necessity of including assistive technology services and devices in their child's IEP in order to obtain them.

The plan should include any renovation of space and facilities which may be necessary to ensure the safety of the children or promote learning. For example, rugs or other sound-absorbing surfaces make it easier for some children to hear stories or conversation. Different surfaces on floors and play areas affect some children's mobility.

45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance which implements the Rehabilitation Act of 1973 and the Americans with Disabilities Act require that all Federally assisted programs, including Head Start, be accessible to persons with disabilities including staff, parents and children. This does not mean that every building or part of a building must be physically accessible, but the program services as a whole must be accessible. Structural changes to make the program services available are required if alternatives such as reassignment of classes or moving to different rooms are not possible. Information on the accessibility standards is available from RAPs or the U.S. Department of Justice, Civil Rights Division, Coordination and Review Section, P.O. Box 66118, Wash. D. C. 20035-6115.

Staff should ensure that children with physical disabilities have chairs and other pieces of furniture of the correct size and type for their individual needs as they grow. Agencies such as United Cerebral Palsy, Easter Seal Societies or SEAs can provide consultation on adapting or purchasing the appropriate furniture. The correct positioning of certain children is essential and requires expert advice. As the children grow, the furniture and equipment should be checked by an expert, such as a physical therapist, because the wrong fit can be harmful. Efforts should be made to use furniture sized and shaped to place children at the same level as their classmates whenever possible.

1308.4(g)

(g) The plan, when appropriate, must address strategies for the transition of children into Head Start from infant/ toddler programs (0-3 years), as well as the transition from Head Start into the next placement. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.

1308.4(h)

(h) The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure services which may include, but are not limited to special education and these related services:

(1) Audiology services, including identification of children with hearing loss and referral for medical or other professional attention; provision of needed rehabilitative services such as speech and language therapy and auditory training

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Guidance: The plan should specify:

- Overall goals of the disability effort.
- Specific objectives and activities of the disability effort.
- How and when specific activities will be carried out and goals attained.
- Who will be responsible for the conduct of each element of the plan.
- How individual activities will be evaluated.

The plan should address:

- Enrollment information, including numbers of children and types of disabilities, known and estimated.
- Identification and recruitment of children with disabilities. Participation in Child Find and list of major specialized agencies approached.
- Screening.
- Developmental Assessment.
- Evaluation.
- The multidisciplinary team and its work.
- The process for developing IEPs.
- The provision of program services and related services.
- Program accessibility.
- Recordkeeping and reporting.
- Confidentiality of information.
- Any special safety needs.
- Medications.
- Transportation.

1308.4(h)

(continued...)

to make best use of remaining hearing; speech conservation; lip reading; determination of need for hearing aids and fitting of appropriate aids; and programs for prevention of hearing loss;

(2) Physical therapy to facilitate gross motor development in activities such as walking prevent or slow orthopedic problems and improve posture and conditioning;

(3) Occupational therapy to improve, develop or restore fine motor functions in activities such as using a fork or knife;

(4) Speech or language services including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication;

(5) Psychological services such as evaluation of each child's functioning and interpreting the results to staff and parents; and counseling and guidance services for staff and parents regarding disabilities;

(6) Transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site. Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices if required; and

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- The process for identifying and meeting training and technical assistance needs.
- Special parent involvement needs.
- Planned actions to increase the ability of staff to serve children with more severe disabilities and the number of children with more severe disabilities served.
- Transitioning of children in and out to the next program.

Particular attention should be given to addressing ways to:

- Involve parents throughout the disability effort, and
- Work with other agencies in serving children with disabilities. It should be possible for a reader to visualize how and by whom services will be delivered.
- Coordination with other agencies should be described, as well as the process for developing local agreements with other agencies. The RAPs can provide samples and models for the process of developing agreements with LEAs.

1308.4(h)

(continued...)

(7) Assistive *technology* services or devices necessary to enable a child to improve functions such as vision, mobility or communication to meet the objectives in the IEP.

1308.4(i)

(i) The disabilities service plan must include options to meet the needs and take into consideration the strengths of each child based upon the IEP so that a continuum of services available from various agencies is considered.

1308.4(j)

(j) The options may include:

(1) Joint placement of children with other agencies;

(2) Shared provision of services with other agencies

(3) Shared personnel to supervise special education services, when necessary to meet State requirement on qualifications;

(4) Administrative accommodations such as having two children share one enrollment slot when wahc child's IEP calls for part-time service because of their individual needs; and

(5) Any other strategies to be used to insure that special needs are met. These may include:

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Guidance: Children may spend part of the program hours in Head Start for a mainstreaming experience and part in a specialized program such as an Easter Seal Society or a local mental health center. The amount of time spent in either program should be flexible, according to the needs of the individual child. All services to be provided, including those provided by collaborating agencies, should be described in the IEP. Staff of both programs should observe each other's work with the child who is enrolled and maintain good communication.

Individual services such as occupational, physical or speech therapy, staff training, transportation, services to families or counseling may be shared by Head Start and other agencies. For example, Head Start might provide equipment and transportation while a developmental center might provide a facility and physical therapy for a Head Start child. Some LEAs provide resource teachers while Head Start provides a developmentally appropriate program in an integrated setting.

Hiring additional staff may be necessary to meet the needs of children with severe disabilities. Hiring an aide may be necessary on a full-time, part-time, temporary or as needed basis to assist with the increased demands of a child with a severe disability. However, aides should not be assigned the major responsibility for providing direct services. Aides and volunteers should be guided and supervised by the disabilities service coordinator or someone with special training. It is desirable to have the services of a nurse, physical

1308.4(j) (continued...)

(i) Increased staff;

(ii) Use of volunteers; and

(iii) Use of supervised students in such fields as child development, special education, child psychology, various therapies and family services to assist the staff.

therapist or licensed practical nurse available for children with severe health or physical disabilities.

Volunteers trained by professionals to work specifically with children with disabilities can provide valuable individualized support. For example, a volunteer might be trained by a physical therapist to carry out specific follow-up activities with individual children.

1308.4(k)

(k) The grantee must ensure that the disabilities service plan addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-95 program year. Special education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-95 program year.

Guidance: State standards for qualifications of staff to provide special education and related services affect Head Start's acceptance as a placement site for children who have been evaluated by an LEA. Head Start grantees, like LEAs, are affected by shortages of staff meeting State qualifications and are to work toward the goal of meeting the highest State standards for personnel by developing plans to train current staff and to hire new staff so that eventually the staff will meet the qualifications. Grantees should discuss their needs for pre-service and in-service training with SEAs during annual updates of interagency agreements for use in the planning of joint State level conferences and for use in preparation of Comprehensive State Personnel Development plans. They should also discuss these needs with LEAs which provide in-service training.

The program should provide training for the regular teachers on how to modify large group, small group or individual activities to meet the needs of children with disabilities. Specific training for staff should be provided when Head Start enrolls a child whose disability or condition requires a special skill or knowledge of special techniques or equipment. Examples are structuring a language activity, performing intermittent nonsterile catheterization, changing collection bags, suctioning, or operating leg braces. Joint training with other agencies is recommended to stretch resources and exchange expertise.

Staff should have access to regular ongoing training events which keep them abreast of new materials, equipment and practices related to serving children with disabilities and to preventing disabilities. Ongoing training and technical assistance in support of the disabilities effort should be planned to complement other training available to meet staff needs. Each grantee has the responsibility to identify or arrange the necessary support to carry out training for parents and staff.

The best use of training funds has resulted when programs carry out a staff training needs assessment and relate current year training plans to previous staff training with the goal of building core capability. Staff who receive special training should share new knowledge with the rest of the staff.

The core capability of the program is enhanced when speech, language and other therapy is provided in the regular site whenever possible. This allows for the specialist to demonstrate to regular staff and plan for their follow through. It also reduces costs and time spent transporting children to clinics and other settings. When university graduate students are utilized to provide special services as part of their training, it is helpful to arrange for their supervisors to monitor their work. Grantees arranging for such assistance are providing a valuable internship site and it is to the university's advantage to have their students become familiar with programs on-site. Grantees should negotiate when developing interagency agreements to have services provided on-site to the greatest extent possible.

The Head Start Act, Section 648 (42 U.S.C. 9843) (a)(2), calls for training and technical assistance to be offered to all Head Start programs with respect to services for children with disabilities without cost through resource access projects which serve each region of the country. The technical assistance contractors contact each grantee for a needs assessment and offer training. While their staffs are small and their budgets limited, they are experienced and committed to meeting as many needs as they can and welcome inquires. A brochure with names and addresses of the technical assistance providers is available from ACYF/HS, P.0. Box 1182, Washington, D.C. 20013.

The SEA is responsible for developing a Comprehensive System of Personnel Development. It is important that Head Start training needs be conveyed to this group for planning purposes so that all available resources can be brought to bear for staff training in Head Start. Grantees should take advantage of free or low-cost training provided by SEAs, LEAs, community colleges and other agencies to augment staff training.

Many agencies offer free training for staff and parents. An example is the Epilepsy Foundation of America with trained volunteers throughout the country. The Lighthouse of New York City has developed a training program on early childhood and vision which was field-tested in Head Start and is suitable for community agencies. Head Start and the American Optometric Association have signed a memorandum of understanding under which member optometrists offer eye health education and screening. State-funded adult education and training programs or community colleges make available parenting, child development and other courses at low or no cost. Grantees should consider the need for training in working with parents, in developing working collaborative relationships and in networking when planning training.

The disabilities coordinator needs to work closely with the education and health coordinators to provide or arrange training for staff and parents early in each program year on the prevention of disabilities. This should include the importance of observing signs that some children may have mild or fluctuating hearing losses due to middle ear infections. Such losses are often undetected and can cause problems in learning speech and language. Many children with hearing losses benefit from amplification and auditory training in how to use their remaining hearing most efficiently.

The disabilities coordinator should also work with the education coordinator to provide timely staff training on recognizing signs that some children may be at high risk for later learning problems as well as emotional problems resulting from failure and frustration. This training should address ways to help children develop the skills necessary for later academic learning, such as following directions calling for more than one action, sequencing, sustaining attention, and making auditory and visual discriminations.

1308.4(l)

(l) The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee's service area. If no agreement can be reached, the grantee must document its efforts and inform the Regional Office. The agreements must address:

(1) Head Start participation in the public agency's Child Find plan under Part B of IDEA;

(2) Joint training of staff and parents;

(3) Procedures for referral for evaluations, IEP meetings and placement decisions;

(4) Transition;

(5) Resource sharing;

(6) Head Start commitment to provide the number of children receiving services under IEPs to the LEA for the LEA Child Count report by December 1 annually, and

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Guidance: The RAPs can provide information on agreements which have been developed between Head Start and SEAs and between Head Start and LEAs and other agencies. Such agreements offer possibilities to share training, equipment and other resources, smoothing the transition from Head Start to public or private school for children and their parents. Some of these agreements specify cost-and resource-sharing practices. Tribal Government Head Start programs should maximize use of Bureau of Indian Affairs, LEA and Head Start funds through cooperative agreements. Indian grantees should contact ACYF for referral to technical assistance in this regard. Grantees should bear in mind that migrant children are served in the majority of States and include consideration of their special needs, including the necessity for rapid provision of special education and related services, in agreements with LEAs and other agencies.

1308.4(l)

(continued...)

(7) Any other items agreed to by both parties. Grantees must make efforts to update the agreements anually.

1308.4(m)

(m) The disabilities coordinator must work with the director in planning and budgeting of grantee funds to assure that the special needs identified in the IEP are fully met; that children most in need of an integrated placement and of special assistance are served; and that the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their special needs.

Guidance: In developing the plan and the budget which is a part of the grant application process, it is important to budget adequately for the number of children with disabilities to be served and the types and severity of their disabilities. The budget should reflect resources available from other agencies as well as the special costs to be paid for from Head Start funds. The Head Start legislation requires Head Start to access resources to meet the needs of all the children enrolled, including those with disabilities.

An effective plan calls for the careful use of funds. The Disabilities Services Coordinator needs to keep current with the provisions of Part B of the IDEA and the services which may be available for three through five year-old children under this Act. Coordinators also need to utilize the expanded services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and Supplemental Security Income program.

To assist in the development of the plan, it may be helpful to establish an advisory committee for the disability effort or to expand the scope of the health advisory committee.

1308.4(n)

(n) The grant application budget form and supplement submitted with applications for funding must reflect requests for adequate resources to implement the objectives and activities in the disability services plan and fulfill the requirements of these Performance Standards.

1308.4(o)

(o) The budget request included with the application for funding must address the implementation of the disabilities service plan. Allowable expenditures include:

(1) *Salaries.* Allowable expenditures include salaries of a full or part-time coordinator of services for children with disabilities (disabilities coordinator), who is essential to assure that programs have the core capability to recruit, enroll, arrange for the evaluation of children, provide or arrange for services to children with disabilities and work with Head Start coordinators and staff of other agencies which are working cooperatively with the grantee. Salaries of special education resource teachers who can augment the work of the regular teacher are an allowable expenditure.

(2) *Evaluation of Children.* When warranted by screening or rescreening results, teacher observation or parent request, arrangements must be made for evaluation of the child's development and functioning. If, after referral for evaluation to the LEA, evaluations are not provided by the LEA, they are an allowable expenditure.

(3) *Services.* Program funds may be used to pay for services which include special education, related services, and summer services deemed necessary on an individual

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Guidance: Examples of evaluation costs which can be covered include professional assessment by the multidisciplinary evaluation team, instruments, professional observation and professional consultation. If consultation fees for multidisciplinary evaluation team members to participate in IEP meetings are not available from another source, they are allowable expenditures and need to be provided to meet the performance standards.

Many children with disabilities enrolled in Head Start already receive services from other agencies, and grantees should encourage these agencies to continue to provide services. Grantees should use other community agencies and resources to supplement services for children with disabilities and their families.

By planning ahead, grantees can pool resources to schedule the periodic use of experts and consultants. Grantees can time-share, reducing travel charges and assuring the availability of scarce expertise. Some LEAs and other agencies have enabling legislation and funds to contract for education, health, and developmental services of the type Head Start can provide. Grantees can also help increase the amount of preschool funding available to their State under the Individuals With Disabilities Education Act. The amount of the allocation to each SEA and to the public schools is affected by the number of three through five year old children with IEPs in place by December 1 of each year. By establishing good working relationships with State Public Health personnel and including them on advisory committees, health resources can be more easily utilized.

It may be helpful to explore the possibility of a cooperative agreement with the public school system to provide transportation. If the lack of transportation would prevent a child with disabilities from participating in Head Start, program funds are to be used to provide this related service before a delay occurs which would have a negative effect on the child's progress. The major emphasis is on providing the needed special help so that the child can develop to the maximum during the brief time in Head Start.

The Americans with Disabilities Act of 1990 (42 U.S.C. 12101) requires that new buses (ordered after August 26, 1990) by public bus systems must be accessible to individuals with disabilities. New over-the-road buses ordered by privately operated bus and van companies (on or after July 26, 1996 or July 26, 1997 for small companies) must be accessible. Other new vehicles, such as vans, must be accessible, unless the transportation company provides service to individuals with disabilities that is equivalent to that operated for the general public. The Justice Department enforces these requirements.

Efforts should be made to obtain expensive items such as wheelchairs or audiometers through resources such as Title V (formerly Crippled Children's Services). Cooperative arrangements can be made with LEAs and other agencies to share equipment such as tympanometers. Special equipment such as hearing aids may be obtained through EPSDT or from SSI funds for those children who

1308.4(o)

(continued...)

basis and to prepare for serving children with disabilities in advance of the program year.

(4) *Making Services Accessible.* Allowable costs include elimination of architectural barriers which affect the participation of children with disabilities, in conformance with 45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Program and Activities Receiving or Benefiting from Federal Financial Assistance and with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101). The Americans with Disabilities Act requires that public accommodations including private schools and day care centers may not discriminate on the basis of disability. Physical barriers in existing facilities must be removed if removal is readily achievable (i.e., easily accomplishable and able to be carried out without much difficulty or expense.) If not, alternative methods of providing the services must be offered, if those methods are readily achievable.

Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered areas (and the bathrooms, telephones and drinking fountains serving that area) must be provided to the extent that the added accessibility

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have been found eligible. Some States have established libraries of assistive technology devices and rosters of expert consultants.

1308.4(o)

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costs are not disproportionate to the overall cost of the alterations. Program funds may be used for ramps, remodeling or modifications such as grab bars or railings. Grantees must meet new statutory and regulatory requirements that are enacted.

(5) *Transportation.* Transportation is a related service to be provided to children with disabilities. When transportation to the program site and to special services can be accessed from other agencies, it should be used. When it is not available, program funds are to be used to provide it. Special buses or use of taxis are allowable expenses if there are no alternatives available and they are necessary to enable a child to be served.

(6) *Special Equipment and Materials.* Purchase or lease of special equipment and materials for use in the program and home is an allowable program expense. Grantees must make available assistive devices necessary to make it possible for a child to move, communicate, improve functioning or address objectives which are listed in the child's IEP.

(7) *Training and Technical Assistance.* Increasing the abilities of staff to meet the

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1308.4(o)

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special needs of children with disabilities is an allowable expense. Appropriate expenditures may include but are not limited to:

(i) Travel and per diem expenses for disabilities coordinators, teachers and parents to attend training and technical assistance events related to special services for children with disabilities;

(ii) The provision of substitute teaching staff to enable staff to attend training and technical assistance events;

(iii) Fees for courses specifically related to the requirements of the disabilities service plan, a child's IEP or State certification to serve children with disabilities; and

(iv) Fees and expenses for training/technical assistance consultants if such help is not available from another provider at no cost.

SUBPART C — SOCIAL SERVICES PERFORMANCE STANDARDS

1308.5

Recruitment and enrollment of children with disabilities.

(a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.

Guidance: Head Start can play an important role in Child Find by helping to locate children most in need and hardest to reach, such as immigrants and non-English speakers. In cooperation with other community groups and agencies serving children with disabilities, Head Start programs should incorporate in their outreach and recruitment procedures efforts to identify and enroll children with disabilities who meet eligibility requirements and whose parents desire the child's participation.

Integrating children with severe disabilities for whom Head Start is an appropriate placement is a goal of ACYF. Grantees should bear in mind that 45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance or the Rehabilitation Act of 1973 (20 U.S.C. 794) states that any program receiving Federal funds may not deny admission to a child solely on the basis of the nature or extent of a disabling condition and shall take into account the needs of the child in determining the aid, benefits, or services to be provided. Many children who appear to have serious impairments are nevertheless able to make greater gains in an integrated setting than in a segregated classroom for children with disabilities.

The key factor in selecting an appropriate placement is the IEP. The need of the individual child and the ability of the child to benefit are determining factors. Likewise, the amount of time per day or week to be spent in the regular setting and/or in other settings is determined by the IEP. The IEP of a child with a severe emotional/behavioral disorder, for example, might realistically call for less than full day attendance or for dual placement. Another factor to consider is that according to the PIR, the majority of children with severe impairments are provided special services by both Head Start staff and staff of other agencies, sharing the responsibility. Many grantees have successfully served children with moderate and severe disabilities.

The disabilities coordinator's responsibility includes providing current names of appropriate specialized agencies serving young children with disabilities and the names of LEA Child Find contact persons to the director to facilitate joint identification of children with disabilities. It also includes learning what resources other agencies have available and the eligibility criteria for support from State agencies, Supplemental Security Income (SSI), Title V, Maternal and Child Health Block Grants, Title XIX (EPSDT/Medicaid), Migrant Health Centers, Developmental Disabilities programs, Bureau of Indian Affairs, third party payers such as insurance companies and other sources.

Grantees need to develop lists of appropriate referral sources. These include hospital child life programs, SSI, early intervention programs funded by Part C of the IDEA or other sources, EPSDT providers, infant stimulation programs, Easter Seal and United Cerebral Palsy agencies, mental health agencies, Association for Retarded Citizens chapters, Developmental Disabilities Planning Councils, Protection and Advocacy Systems, University Affiliated Programs, the LEA Child Find, and the medical community.

Head Start programs are encouraged to increase the visibility of the Head Start mainstreaming effort within the community by:

- Including community child service providers on policy council health and disability advisory boards and in other relevant Head Start activities.
- Making presentations on Head Start mainstreaming experiences at local, State and Regional meetings and conferences, such as the National Association for the Education of Young Children, Council for Exceptional Children, and the Association for the Care of Children's Health.
- Participating in interagency planning activities for preschool infant and toddler programs such as the State Interagency Coordinating Councils supported under the IDEA.

1308.5(b)

(b) A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101).

Guidance: Grantees should maintain records of outreach, recruitment, and service activities for children with disabilities and their families.

Each grantee should develop a policy on what types of information are to be included in a comprehensive file for each disabled child. The policy should outline the locations where a copy of each record will be sent. For example, while a comprehensive file will be maintained at the Head Start program central office (where the disability services coordinator and component coordinators may be based), a teacher must have access to a child's IEP and progress notes in order to plan effectively. Confidentiality needs to be maintained in a manner which allows for access to information by appropriate staff while meeting applicable Head Start and State requirements.

1308.5(c)

(c) A grantee must not deny placement on the basis of a disability or its severity to any child when:

(l) The parents wish to enroll the child,

(2) The child meets the Head Start age and income eligibility criteria,

(3) Head Start is an appropriate placement according to the child's IEP, and

(4) The program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.

1308.5(d)

(d) The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training so that a child with a disability for whom Head Start is an appropriate placement according to the IEP is not denied enrollment because of:

(1) Staff attitudes and/or apprehensions;

(2) Inaccessibility of facilities;

(3) Need to access additional resources to serve a specific child;

(4) Unfamiliarity with a disabling condition or special equipment, such as a prosthesis; and

(5) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.

1308.5(e)

(e) The same policies governing Head Start program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities. Grantees also must take the following factors into account when planning enrollment procedures:

(1) The number of children with disabilities in the Head Start service area including types of disabilities and their severity;

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Guidance: Staff should assist families who need help in obtaining immunizations before the program year begins, bearing in mind that a goal of parent involvement and social service activities is to encourage independence and develop skills in meeting timelines when seeking services for children. Care should be taken that children are not denied enrollment, but that their families receive the necessary assistance to meet entrance requirements. "Healthy Young Children: A Manual for Programs," (a cooperative effort of the Administration for Children, Youth and Families, the American Academy of Pediatrics; the Division of Maternal and Child Health, U.S. Department of Health and Human Services; Georgetown University Child Development Center; Massachusetts Department of Public Health, and the National Association for the Education of Young Children, 1988, copyright, NAEYC) contains best practice guidance.

1308.5(e)

(continued...)

(2) The services and resources provided by other agencies; and

(3) State laws regarding immunization of preschool children. Grantees must observe applicable State laws which usually require that children entering State preschool programs complete immunizations prior to or within thirty days after entering to reduce the spread of communicable diseases.

1308.5(f)

(f) The recruitment effort of a Head Start grantee must include recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.

SUBPART D — HEALTH SERVICES PERFORMANCE STANDARDS

1308.6

Assessment of children.

(a) The disabilities coordinator must be involved with other program staff throughout the full process of assessment of children, which has three steps:

(1) All children enrolled in Head Start are screened as the first step in the assessment process;

(2) Staff also carry out on-going developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities;

(3) Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the next step, evaluation. The disabilities coordinator has primary responsibility for this third step, evaluation, only.

1308.6(b)

(b) *Screening, the first step in the assessment process,* consists of standardized health screening and developmental screening which includes speech, hearing and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed.

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Guidance: Early screening is essential because of the time required for the steps necessary before special services can begin. It has been very difficult for some grantees to complete health screenings in a timely manner for several reasons including the lack of resources, especially in rural areas; the need to rely on donated services from agencies whose schedules have been especially overloaded during September and October after the start of the Head Start program year; lack of summer staff in most programs; and the difficulty in reaching some families. Lack of coordination among agencies with legislative responsibility for identifying children with disabilities has resulted in duplication and unacceptable delays in providing required services for many grantees. Other grantees, however, have demonstrated the ability to complete screenings early in the program year without difficulty. Many programs already complete screening within 45 days of the child's entery into the program. Some participate in spring or summer screening programs in their areas before the fall opening. Grantees are encouraged to schedule well in advance with clinics and with such provid-

1308.6(b)

(continued...)

(1) Grantees must provide for developmental, hearing and vision screenings of all Early Head Start and Head Start children within 45 days of the child's entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall.

(2) Grantees must make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year.

(3) Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.

ers as EPSDT and the Indian Health Service for timely screening and any subsequent evaluations that may be needed.

Recently, a number of legislative and legal requirements have increased the resources available for the screening and evaluation of children. Title XIX, EPDST/Medicaid, has new requirements for screening and evaluation, as well as treatment; the Social Security Administration has modified eligibility requirements for children with disabilities so that more services will be available; and all States have assured that services will be provided from at least age three under IDEA so that LEAs in more States will be engaged in identifying and evaluating children from birth to age six.

In response to these changes, the Department of Health and Human Services and the Department of Education, through the Federal Interagency Coordinating Council, have developed a cooperative agreement for coordinated screening. Head Start is one of the participating agencies which will work together to plan and implement community screenings, assisting the LEAs which have the major responsibility for identifying every child with a disability under the IDEA. In addition, programs may elect to make some summer staff available for activities to close out program work in the spring and prepare for the fall.

These developments make timely screening feasible. They also make it possible to expedite immunizations. State-of-the-art coordinated screening programs make immunizations available. This coordination can focus staff energy on assisting families to have their children immunized during the screening phase rather than making repeated follow-up efforts after the program for children has begun. Coordinated screening also provides an excellent parent education opportunity. Information on child development, realistic expectations for preschoolers and such services as WIC can be provided during the screening. Some communities have combined screening with well-received health fairs.

The staff should be involved in the planning of screening to assure that screening requirements are selected or adapted with the specific Head Start population and goals of the screening process in mind. Instruments with age-appropriate norms should be used. Children should be screened in their native language. Universities, civic organizations or organizations to aid recent immigrants may be able to locate native speakers to assist. The RAPs can provide information on the characteristics of screening instruments.

Current best practice indicates that individual pure tone audiometry be used as the first part of a screening program with children as young as three. The purpose is to identify children with hearing impairments that interfere with, or have the potential to interfere with communication. The recommended procedure is audiometric screening at 20 dB HL (re ANSI-1969) at the frequencies of 1000, 2000, and 4000 Hz, (and at 500 Hz unless acoustic immittance audiometry is included as the second part of the screening program and if the noise level in the room permits testing at that frequency.)

Acoustic immittance audiometry (or impedance audiometry) is recommended as the second part of the program to identify children who have middle-ear disorders.

The audiometric screening program should be conducted or supervised by an audiologist. Nonprofessional support staff have successfully carried out audiometric screening with appropriate training and supervision.

When a child fails the initial screening, an audiometric rescreening should be administered the same day or no later than within 2 weeks. A child who fails the rescreening should be referred for an evaluation by an audiologist.

Current best practice calls for annual hearing tests. Frequent rescreening is needed for children with recurrent ear infections. Grantees who contract or arrange for hearing testing should check to assure that the testing covers the three specified frequencies and that other quality features are present. Speech, hearing and language problems are the most widespread disabilities in preschool programs and quality testing is vital for early detection and remediation. Playing listening games prior to testing and getting used to earphones can help children learn to respond to a tone and improve the quality of the testing.

Some grantees have found it strengthens the skills of their staff to have all members learn to do developmental screening. This can be a valuable in-service activity especially for teachers. State requirements for qualifications should be checked and non-professional screeners should be trained.

Some programs have involved trained students from schools of nursing, child development or special education graduate students, or medical students who must carry out screening work as part of their required experience.

1308.6(c)

(c) Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of these screenings and the purposes and results of any subsequent evaluations.

1308.6(d)

(d) *Developmental assessment, the second step*, is the collection of information on each child's functioning in these areas: gross and fine motor skills, perceptual discrimination, congnition, attention skills, self-help, social and receptive skills and expressive language. The disabilities coordinator must coordinate with the education coordinator in the on-going assessment of each Head Start child's functioning in all developmental areas by including this developmental information in later diagnostic and program planning activities for children with disabilities.

Guidance: Parents should be provided assistance if necessary, so that they can participate in the developmental assessment.

Grantees should offer parents assistance in understanding the implications of developmental assessments as well as medical, dental or other conditions which can affect their child's development and learning.

Developmental assessment is an ongoing process and information from observations in the Head Start center and at home should be recorded periodically and updated in each developmental area in order to document progress and plan activities.

Disabilities coordinators, as well as education staff, need to be thoroughly familiar with developmental assessment activities such as objective observation, time sampling and obtaining parent information and the use of formal assessment instruments. Knowledge of normal child development and understanding of the culture of the child are also important.

1308.6(e)

(e) *The disabilities coordinator must arrange for further, formal, evaluation of a child who has been identified as possibly having a disability, the third step.*

(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

(2) If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others. In this case, the evaluation must meet the following requirements:

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Guidance: While the LEA is responsible for assuring that each child who is referred is evaluated in accordance with the provisions of IDEA and usually provides the evaluation, grantees may sometimes provide for the evaluation. In that event, grantees need to assure that evaluation specialists in appropriate areas such as psychology, special education, speech pathology and physical therapy coordinate their activities so that the child's total functioning is considered and the team's findings and recommendations are integrated.

Grantees should select members of the multidisciplinary evaluation team who are familiar with the specific Head Start population, taking into account the age of the children and their cultural and ethnic background as they relate to the overall diagnostic process and the use of specific tests.

Grantees should be certain that team members understand that Head Start programs are funded to provide preschool developmental experiences for all eligible children, some of whom also need special education and related services. The intent of the evaluation procedures is to provide information to identify children who have disabling conditions so they can receive appropriate assistance. It is also the intent to avoid mislabeling children for whom basic Head Start programming is designed and who may show developmental delays which can be overcome by a regular comprehensive program meeting the Head Start Performance Standards.

1308.6(e)

(continued...)

(i) Testing and evaluation procedures must be selected and administered so as not to be racially or culturally discriminatory, administered in the child's native language or mode of communication, unless it clearly is not feasible to do so.

(ii) Testing and evaluation procedures must be administered by trained (State certified or licensed) personnel.

(iii) No single procedure may be the sole criterion for determining an appropriate educational program for a child.

(iv) The evaluation must be made by a multidisciplinary team or group of persons including at least one teacher or specialist with knowledge in the area of suspected disability.

(v) Evaluators must use only assessment materials which have been validated for the specific purpose for which they are used.

(vi) Tests used with children with impaired sensory, manual or communication skills must be administered so that they reflect the children's aptitudes and achievement levels and not just the disabilities.

(vii) Tests and materials must assess all areas related to the suspected disability.

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When a grantee provides for the evaluation of a child, it is important that the Head Start eligibility criteria be explained to the evaluation team members and that they be informed as to how the results will be used.

Grantees should require specific findings in writing from the evaluation team, and recommendations for intervention when the team believes the child has a disability. The findings will be used in developing the child's IEP to ensure that parents, teachers and others can best work with the child. Some grantees have obtained useful functional information by asking team members to complete a brief form describing the child's strengths and weaknesses and the effects of the disability along with suggestions for special equipment, treatment or services. The evaluators should be asked in advance to provide their findings promptly in easily understood terms. They should provide separate findings and, when they agree, consensus professional opinions. When planning in advance for evaluation services from other agencies, grantees should try to obtain agreements on prompt timing for delivery of reports which are necessary to plan services.

To assist the evaluation team, Head Start should provide the child's screening results, pertinent observations, and the results of any developmental assessment information which may be available.

It is important that programs ensure that no individual child or family is labeled, mislabeled, or stigmatized with reference to a disabling condition. Head Start must exercise care to ensure that no child is misidentified because of economic circumstances, ethnic or cultural factors or developmental lags not caused by a disability, bilingual or dialectical differences, or because of being non-English speaking.

If Head Start is arranging for the evaluation, it is important to understand that a child whose problem has been corrected (e.g., a child wearing glasses whose vision is corrected and who does not need special education and related services) does not qualify as a child with a disability. A short-term medical problem such as post-operative recovery or a problem requiring only medical care and health monitoring when the evaluation specialists have not stated that special education and related services are needed does not qualify as a disability.

The evaluation team should include consideration of the way the disability affects the child's ability to function as well as the cause of the condition.

Some children may have a recent evaluation from a clinic, hospital or other agency (other than the LEAs) prior to enrolling in Head Start. If that evaluation did not include needed functional information or a professional opinion as to whether the child meets one of the Head Start eligibility criteria, the grantee should contact the agency to try to obtain that information.

1308.6(e)

(continued...)

(viii) In the case of a child whose primary disability apppears to be a speech or language impairment, the team must assure that enough tests are used to determine that the impairment is not a symptom of another disability and a speech or language pathologist should be involved in the evaluation.

(3) Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.

(4) Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child's records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.

(5) The multidisciplinary team provides the results of the evaluation, and its professional opinion that the child does or does not need special education and related services, to the disabilities coordinator. If it is their professional opinion that a child has a disability, the team is to state which of the eligibility criteria applies and

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Some children, prior to enrolling in Head Start, already have been diagnosed as having severe disabilities and a serious need for services. Some of these children already may be receiving some special assistance from other agencies for their disabilities but lack developmental services in a setting with other children. Head Start programs may best meet their needs by serving them jointly, i.e., providing developmental services while disability services are provided from another source. It is important in such situations that regular communication take place between the two sites.

Beginning in 1990, State EPSDT/Medicaid programs must, by law, evaluate and provide services for young children whose families meet eligibility criteria at 133 percent of the poverty levels. This is a resource for Head Start and it is important to become aware of EPSDT provisions.

1308.6(e)

(continued...)

provide recommendations for programming, along with their findings. Only children whom the evaluation team determines need special education and related services may be counted as children with disabilities.

1308.7

Eligibility criteria: Health impairment.

(a) A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning.

Guidance: Many health impairments manifest themselves in other disabling conditions. Because of this, particular care should be taken when classifying a health impaired child.

1308.7(b)

(b) The health impairment classification may include, but is not limited to, cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder.

Guidance: Because AIDS is a health impairment, grantees will continue to enroll children with AIDS on an individual basis. Staff need to be familiar with the Head Start Information Memorandum on Enrollment in Head Start Programs of Infants and Young Children with Human Immunodeficiency Virus (HIV), AIDS Related Complex (ARC), or Acquired Immunodeficiency Syndrome (AIDS) dated June 22, 1988. This guidance includes material from the Centers for Disease Control which stresses the need for a team, including a physician, to make informed decisions on enrollment on an individual basis. It provides guidance in the event that a child with disabilities presents a problem involving biting or bodily fluids. The guidance also discusses methods for control of all infectious diseases through stringent cleanliness standards and includes lists of Federal, State and national agencies and organizations that can provide additional information as more is learned. Staff should be aware that there is a high incidence of visual impairment among children with HIV and AIDS.

1308.7(c)

(c) This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.

1308.7(d)

(d) A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity, or impulsivity. To be considered a disorder, this behavior must affect the child's functioning severely. To avoid overuse of this category, grantees are cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category.

(1) The condition must severely affect the performance of a child who is trying to carry out a developmentally appropriate activity that requires orienting, focusing, or maintaining attention during classroom instructions and activities, planning and completing activities, following simple directions, organizing materials for play or other activities, or participating in group activities. It also may be manifested in overactivity or impulsive acts which appear to be or are interpreted as physical agression. The disorder must manifest

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Guidance: Teachers or others in the program setting are in the best position to note the following kinds of indications that a child may need to be evaluated to determine whether an attention deficit disorder exists:

(1) inability of a child who is trying to participate in classroom activities to be able to orient attention, for example to choose an activity for free time or to attend to simple instructions;

(2) inability to maintain attention, as in trying to complete a selected activity, to carry out simple requests or attend to telling of an interesting story; or

(3) inability to focus attention on recent activities, for example on telling the teacher about a selected activity, inability to tell about simple requests after carrying them out, or inability to tell about a story after hearing it.

These indicators should only be used after the children have had sufficient time to become familiar with preschool procedures and after most of the children are able easily to carry out typical preschool activities.

Culturally competent staff recognize and appreciate cultural differences, and this awareness needs to include understanding that some cultural groups may promote behavior that may be misinterpreted as inattention. Care must be taken that any deviations in attention behavior which are within the cultural norms of the child's group are not used as indicators of possible attention deficit disorder.

A period of careful observation over three months can assure that adequate documentation is available for the difficult task of evaluation. It also provides opportunity to provide extra assistance to the child, perhaps through an aide or special education student under the teacher's direction, which might improve the child's functioning and eliminate the behavior taken as evidence of possible attention deficit disorder.

Attention deficit disorders are not the result of learning disabilities, emotional/behavioral disabilities, autism or mental retardation. A comprehensive psychological evaluation may be carried out in some cases to rule out learning disability or mental retardation. It is possible, however, in some instances for this disability to coexist with another disability. Children who meet the criteria for multiple disabilities (e.g., attention deficient disorder and learning disability, or

1308.7(d)

(continued...)

itself in at least two different settings, one of which must be the Head Start program site.

(2) Children must not be classified as having attention deficit disorders based on:

(i) Temporary problems in attending due to events such as a divorce, death of a family member or post-traumatic stress reactions to events such as sexual abuse or violence in the neighborhood;

(ii) Problems in attention which occur suddenly and acutely with psychiatric disorders such as depression, anxiety and schizophrenia;

(iii) Behaviors which may be caused by frustration stemming from inappropriate programming beyond the child's ability level or by developmentally inappropriate demands for long periods of inactive, passive activity;

(iv) Intentional noncompliance or opposition to reasonable requests that are typical of good preschool programs; or

(v) Inattention due to cultural or language differences.

(3) An attention deficit disorder must have had its onset in early childhood and have persisted through the course of child development when children normally mature and become able to operate in a socialized preschool environment. Because many children younger than four

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emotional/behavioral disorder, or mental retardation) would be eligible for services as children with multiple disabilities or under their primary disability.

Teacher and parent reports have been found to provide the most useful information for assessment of children suspected of having attention deficit disorder. They are also useful in planning and providing special education intervention.

The most successful approach may be a positive behavior modification program in the classroom, combined with a carryover program in the home. Prompt and clear response should be provided consistently. Positive reinforcement for appropriate behavior, based on rewards such as stickers or small items desired by the child has been found effective for children with this disorder, along with occasional withholding of rewards or postponing of desired activities in the face of inappropriate behavior. Effective programs suggest that positive interactions with the child after appropriate behavior are needed at least three times as often as any negative response interactions after inappropriate behavior. Consultants familiar with behavior modification should be used to assist teachers in planning and carrying out intervention which can maintain this positive to negative ratio while shaping behaviors. These behavior interventions can be provided in mainstream placements with sufficient personnel.

Suggested Primary Members of A Head Start Evaluation Team for Health Impaired Children:

Physician.

Pediatrician.

Psychologist.

Other specialists related to specific disabilities.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Family counseling.

Genetic counseling.

Nutrition counseling.

Recreational therapy.

Supervision of physical activities.

Transportation.

Assistive technology devices or services

1308.7(d)

(continued...)

have difficulty orienting, maintaining and focussing attention and are highly active, when Head Start is responsible for the evaluation, attention deficit disorder applies to four and five year old children in Head Start but not to three year olds.

(4) Assessment procedures must include teacher reports which document the frequency and nature of indications of possible attention deficit disorders and describe the specific situations and events occurring just before the problems manifested themselves. Reports must indicate how the child's functioning was impaired and must be confirmed by independent information from a second observer.

1308.8

Eligibility criteria: Emotional/behavioral disorders

(a) An emotional/behavioral disorder is a condition in which a child's behavioral or emotional responses are so different from those of the generally accepted, age-appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self-care, educational progress or classroom

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Guidance: Staff should insure that behavior which may be typical of some cultures or ethnic groups, such as not making eye contact with teachers or other adults or not volunteering comments or initiating conversations are not misinterpreted. The disability, social service and parent involvement coordinators should consider providing extra attention to children at-risk for emotional/ behavioral disorders and their parents to help prevent a disability. Members of the Council of One Hundred, Kiwanis, Urban League, Jaycees, Rotary, Foster Grandparents, etc. may be able to provide mentoring and individual attention.

> Suggested Primary Members of a Head Start Evaluation Team for Emotional/behavioral Disorders:
>
> Psychologist, psychiatrist or other clinically trained and State qualified mental health professionals.
>
> Pediatrician.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

1308.8(a)

(continued...)

Eligibility criteria: Emotional/behavioral disorders

behavior. A child is classified as having an emotional/ behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:

(1) Seriously delayed social development including an inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers);

(2) Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative);

(3) A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance); or

(4) Has a professional diagnosis of serious emotional disturbance.

1308.8(b)

(b) The eligibility decision must be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings.

Behavior management.

Environmental adjustments.

Family counseling.

Psychotherapy.

Transportation.

Assistive technology.

1308.8(c)

(c) The evaluation process must include a review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition.

1308.9

Eligibility criteria: Speech or language impairments.

(a) A speech or language impairment means a communicatio disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's learning.

Guidance: **Staff familiar with the child should consider whether shyness, lack of familiarity with vocabulary which might be used by testers, unfamiliar settings, or linguistic or cultural factors are negatively influencing screening and assessment results. Whenever possible, consultants trained in assessing the speech and language skills of young children should be selected. The child's ability to communicate at home, on the playground and in the neighborhood should be determined for an accurate assessment. Review of the developmentally appropriate age ranges for the production of difficult speech sounds can also help reduce over-referral for evaluation.**

Suggested Primary Members of a Head Start Evaluation Team for Speech or Language Impairment:

Speech Pathologist.
Language Pathologist.
Audiologist.
Otolaryngologist.
Psychologist.

Possible Related Services: **(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)**

Environmental adjustments.
Family counseling.
Language therapy.
Speech therapy.
Transportation.
Assistive technology devices or services.

1308.9(b)

(b) A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention.

1308.9(c)

(c) A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including word meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatics).

1308.9(d)

(d) A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm of speech (fluency).

1308.9(e)

(e) A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:

(1) Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking; or

(2) Disorders of a temporary nature due to conditions such as a dental problem; or

(3) Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child's age.

1308.10

Eligibility criteria: Mental retardation.

(a) A child is classified mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play.

Guidance: **Evaluation instruments with age-appropriate norms should be used. These should be administered and interpreted by professionals sensitive to racial, ethnic and linguistic differences. The diagnosticians must be aware of sensory or perceptual impairments that the child may have (e.g., a child who is visually impaired should not be tested with instruments that rely heavily on visual information as this could produce a depressed score from which erroneous diagnostic conclusions might be drawn).**

Suggested primary members of a Head Start evaluation team for mental retardation:

Psychologist.

Pediatrician.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.

Family counseling.

Genetic counseling.

Language therapy.

Recreational therapy.

1308.10(b)

(b) Measurement of adaptive behavior must reflect objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child's functioning must also be made in settings outside the classroom.

1308.10(c)

(c) Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgement are to be used instead.

1308.10(d)

(d) Determination that a child is mentally retarded is never to be made on the basis of any one test alone.

Speech therapy.

Transportation.

Nutrition counseling.

1308.11

Eligibility criteria: Hearing impairment including deafness.

(a) A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing who has a permanent or fluctuating

1308.11(b)

(b) Meets the legal criteria for being hard of hearing established by the State of residence; or

Guidance: An audiologist should evaluate a child who has failed rescreening or who does not respond to more than one effort to test the child's hearing. If the evaluation team determines that the child has a disability, the team should make recommendations to meet the child's needs for education and medical care or habilitation, including auditory training to learn to use hearing more effectively.

Suggested Primary Members of a Head Start Evaluation Team for Hearing Impairment:

Audiologist.

Otolaryngologist.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Auditory training.

Aural habilitation.

Environmental adjustments.

Family counseling.

Genetic counseling.

Language therapy.

Medical treatment.

Speech therapy.

Total communication, speech reading or manual communication.

Transportation.

Use of amplification.

Assistive technology devices or services.

1308.11(c)

(c) Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems. Children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by their IEPs. As soon as special services are no longer needed, these children must no longer be classified as having a disability.

1308.12

Eligibility criteria: Orthopedic impairment.

(a) A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect the child's learning. An orthopedic impairment involves muscles, bones, or joints and is characterized by impaired ability to maneuver in educaitonal or non-educational settings to perform fine or gross motor actibivities, or to perform self-help skills and by adversely affected educational

Guidance: Suggested Primary members of a Head Start Evaluation Team for Orthopedic Impairment:

Pediatrician.
Orthopedist.
Neurologist.
Occupational Therapist.
Physical Therapist.
Rehabilitation professional.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.
Family counseling.
Language therapy.
Medical treatment.
Occupational therapy.
Physical therapy.

Assistive technology.

Recreational therapy.

Speech therapy.

Transportation.

Nutrition counseling.

1308.13(b)

(b) An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy.

1308.13

Eligibility criteria: Visual impairment including blindness.

(a) A child is classified as visually impaired when visual impairment, with correction, aderversely affects a child's learning. The term includes both blind a partially seeing children. A child is visually impaired if:

(1) The vision loss meets the definition of legal blindness in the State of residence; or

(2) Central acuity does not exceed 20/200 in the better eye with corrective lense, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Guidance: Primary Members of an Evaluation Team for Visual Impairment including Blindness:

Ophthalmologist.

Optometrist.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.

Family counseling.

Occupational therapy.

Orientation and mobility training.

Pre-Braille training.

Recreational therapy.

Sensory training.

Transportation.

Functional vision assessment and therapy.

1308.13(b)

(b) A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.

1308.14

Eligibility criteria: Learning disabilities.

(a) A child is classified as having a learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling or doing mathematical caluclations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia.

Guidance: When a four or five-year-old child shows signs of possible learning disabilities, thorough documentation should be gathered. For example, specific anecdotal information and samples of the child's drawings, if appropriate, should be included in the material given to the evaluation team.

A Master's degree level professional with a background in learning disabilities should be a member of the evaluation team.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Vision evaluation.

Neurology.

Psychology.

Motor development.

Hearing evaluation.

Child psychiatry.

Pediatric evaluation.

1308.14(b)

(b) An evaluation team may recommend that a child be classified as having a learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in (a) above when provided with appropriate learning experiences for the age and ability; or

(2) The child has a severe discrepancy between achievement of developmental milestones and intellectual ability in one or more of these areas: oral expression, listening comprehension, pre-reading, pre-writing and premathematics; or

(3) The child shows deficits in such abilities as memory, perceptual and perceptual-motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing or emotional disabilities, mental retardation, cultural or language factors, or lack of experiences which would help develop these skills.

1308.14(c)

(c) This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three year old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for three year olds, when Head Start is responsible for the evaluation it is not a requirement to use this category for three year olds.

1308.15

Eligibility criteria: Autism.

A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before the age of three and that adversely affects educational performance.

Guidance: A child who manifests characteristics of the condition after age three can still be diagnosed as having autism. Autism does not include children with characteristics of serious emotional disturbance.

Suggested possible members of a Head Start evaluation team:

Psychologist.
Pediatrician.
Audiologist.
Psychiatrist.
Language pathologist.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Family support services.
Language therapy.
Transportation.

1308.16

Eligibility criteria: Traumatic brain injury.

A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical source, or by an internal occurrence such as stroke or aneurysm, with resulting impairments that adversely affect educational performance. The term includes children with open or closed head injuries, but does not include children with brain injuries that are congenital or degenerative or caused by birth trauma.

Guidance: Traumatic brain injury does not include congenital brain injury.

Suggested possible members of an evaluation team include:

Psychologist.

Physical therapist.

Speech or language pathologist.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Rehabilitation professional.

Occupational therapy.

Speech or language therapy.

Assistive technology.

1308.17

Eligibility criteria: Other impairments.

(a) The purposes of this classification, "Other impairments," are:

(1) To further coordination with LEAs and reduce problems of recordkeeping;

(2) To assist parents in making the transition from Head Start to other placements; and

(3) To assure that no child enrolled in Head Start is denied services which would be available to other preschool children who are considered to have disabilities in their State.

Guidance: This category was included to ensure that any Head Start child who meets the State eligibility criteria as developmentally delayed or State-specific criteria for services to preschool children with disabilities is eligible for needed special services either within Head Start or the State program.

Suggested primary members of an evaluation team for Other impairments meeting State eligibility criteria for services to preschool children with disabilities:

Pediatrician.

Psychologist.

Other specialists with expertise in the appropriate area(s).

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Occupational therapy.

Speech or language therapy.

Family Counseling.

Transportation.

Deaf-blindness.

Information on assistance or joint services for deaf-blind children can be obtained through SEAs.

Multiple Disabilities

A child who is deaf and has speech and language impairments would not be considered to have multiple disabilities, as it could be expected that these impairments were caused *by the hearing loss*.

Suggested primary members of a Head Start evaluation team:

Audiologists.

Special educators.

Speech, language or physical therapists.

Psychologists or psychiatrists.

Rehabilitation professional.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Speech, language, occupational or physical therapists as needed.

Assistive technology devices or services.

Mental health services.

Transportation.

1308.17(b)

(b) If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are "preschool disabled," "in need of special education," "educationally handicapped," and "non-categorically handicapped."

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1308.17(c)

(c) Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.

1308.17(d)

(d) Children who are classified as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.

Guidance: Information on assistance or joint services for deaf-blind children can be obtained through SEAs.

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1308.17(e)

(e) Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for recordkeeping purposes.

Guidance: A child who is deaf and has speech and language impairments would not be considered to have multiple disabilities, as it could be expected that these impairments were caused by the hearing loss.

Suggested primary members of a Head Start Evaluation Team:

Audiologists.

Special educators.

Speech, language or physical therapists.

Psychologists or psychiatrists.

Rehabilitation professional.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Speech, language, occupational or physical therapist as needed.

Assistive technology devices or services.

Mental health services.

Transportation.

1308.18

Disabilities/health services coordination.

(a) The grantee must ensure that the disabilities coordinator and the health coordinator work closely together in the assessment process and follow up to assure that the special needs of each child with disabilities are met.

Guidance: It is important for staff to maintain close communication concerning children with health impairments. Health and disability services coordinators need to schedule frequent re-tests of children with recurrent middle ear infections and to ensure that they receive ongoing medical treatment to prevent speech and language delay. They should ensure that audiometers are calibrated annually for accurate testing of hearing. Speech and hearing centers, the manufacturer, or public school education services districts should be able to perform this service. In addition, a daily check when an audiometer is in use and a check of the acoustics in the testing site are needed for accurate testing.

Approximately 17 percent of Down Syndrome children have a condition of the spine (atlanto-axial instability) and should not engage in somersaults, trampoline exercises, or other activities which could lead to spinal injury without first having a cervical spine x-ray.

1308.18(b)

(b) The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety or abuse.

Guidance: The disabilities services coordinator needs to assure that best use is made of mental health consultants when a child appears to have a problem which may be symptomatic of a disability in the social/emotional area. Teachers, aides and volunteers should keep anecdotal records of the child's activities, tantrums, the events which appear to precipitate the tantrums, language use, etc. These can provide valuable information to a mental health consultant, who should be used primarily to make specific recommendations and assist the staff rather than to document the problem.

The mental health coordinator can cooperate in setting up group meetings for parents of children with disabilities which provide needed support and a forum for talking over mutual concerns. Parents needing community mental health services may need direct assistance in accessing services, especially at first.

The disability services coordinator needs to work closely with staff across components to help parents of children who do not have disabilities become more understanding and knowledgeable about disabilities and ways to lessen their effects. This can help reduce the isolation which some families with children with disabilities experience.

1308.18(c) & (d)

(c) Each Head Start director or designee must supervise the administration of all medications, including prescription and over-the-counter drugs, to children with disabilities in accordance with State requirements.

(d) The health coordinator under the supervision of the Head Start director or designee must:

(1) Obtain the doctor's instructions and parental consent before and medication is administered.

(2) Maintain an individual record of all medications dispensed and review the record regularly with the child's parents.

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Guidance: Arrangements should be made with the family and the physician to schedule the administration of medication during times when the child is most likely to be under parental supervision.

Awareness of possible side effects is of particular importance when treatment for a disability requires administration of potentially harmful drugs (e.g., anti-convulsants, amphetamines).

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1308.18(c) & (d) (continued...)

Record changes in a child's behavior which have implications for drug dosage or type and share this information with the staff, parents and the physician.

Assure that all medications, including those required by staff and volunteers, are adequately labeled, stored under lock and key and out of reach of children, and refrigerated, if necessary

SUBPART E — EDUCATION SERVICES PERFORMANCE STANDARDS

1308.19

Developing individualized education programs (IEPs).

(a) When Head Start provides for the evaluation, the multidisciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The multidisciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from develop-mental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.

Guidance: The IEP determines the type of placement and the specific programming which are appropriate for a child. The least restrictive environment must be provided and staff need to understand that this means the most appropriate placement in a regular program to the maximum extent possible based on the IEP. Because it is individually determined, the least restrictive environment varies for different children. Likewise, the least restrictive environment for a given child can vary over time as the disability is remedied or worsens. A mainstreamed placement, in a regular program with services delivered by regular or special staff, is one type of integrated placement on the continuum of possible options. It represents the least restrictive environment for many children.

Following screening, evaluation and the determination that a child meets the eligibility criteria and has a disability, a plan to meet the child's individual needs for special education and related services is developed. In order to facilitate communication with other agencies which may cooperate in providing services and especially with LEAs or private schools which the children will eventually enter, it is recommended that programs become familiar with the format of the IEP used by the LEAs and use that format to foster coordination. However, the format of the IEP to be developed for children in Head Start can vary according to local option. It should be developed to serve as a working document for teachers and others providing services for a child.

It is recommended that the staff review the IEP of each child with a disability more frequently than the minimum once a year to keep the objectives and activities current.

It is ideal if a child can be mainstreamed in the full program with modifications of some of the small group, large group or individual program activities to meet his or her special needs and this should be the first option considered. However, this is not possible or realistic in some cases on a full-time basis. The IEP team needs to consider the findings and recommendations of the multi-disciplinary evaluation team, observation and developmental assessment information from the Head Start staff and parents, parental information and desires, and the IEP to plan for the best situation for each child. Periodic reviews can change the degree to which a child can be mainstreamed during the program year. For example, a child with autism whose IEP called for part-time services in Head Start in the fall might improve so that by spring the hours could be extended.

If Head Start is not an appropriate placement to meet the child's needs according to the IEP, referral should be made to another agency.

Helpful specific information based on experience in Head Start is provided in manuals and resource materials on serving children with disabilities developed by ACYF and by technical assistance providers. They cover such aspects of developing and implementing the IEP as:

- Gathering data needed to develop the IEP;
- Preparing parents for the IEP conference;
- Writing IEPs useful to teachers; and
- Developing appropriate curriculum activities and home follow-up activities.

1308.19(b)

(b) Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.

1308.19(c)

(c) When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.

1308.19(d)

(d) If Head Start develops the IEP, the IEP must take into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities.

1308.19(e)

(e) The IEP must include:

(1) A statement of the child's present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.

(2) A statement of annual goals, including short term objectives for meeting these goals.

(3) A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children, including transition services.

(4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This includes services provided by other agencies and non-Head start professionals.

(5) The identification of the personnel responsible for the planning and supervision of services and for the delivery of services.

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1308.19(e)

(continued...)

(6) The projected dates for initiation of services and the anticipated duration of services.

(7) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.

(8) Family goals and objectives related to the child's disabilities when they are essential to the child's progress.

1308.19(f)

(f) When Head Start develops the IEP, the team must include:

(1) The Head Start disabilities coordinator or a representative who is qualified to provide or supervise the provision of special education services;

(2) The child's teacher or home visitor;

(3) One or both of the child's parents or guardians; and

(4) At least one of the professional members of the multidisciplinary team which evaluated the child.

1308.19(g)

(g) An LEA representative must be invited in writing if Head Start is initiating the request for a meeting.

1308.19(h)

(h) The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved due to the nature of the child's disability.

1308.19(i)

(i) A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP.

1308.19(j)

(j) Grantees and their delegates must make vigorous efforts to involve parents in the IEP process. The grantee must:

(1) Notify parents in writing and, if necessary, also verbally or by other appropriate means of the purpose, attendees, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate;

(2) Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's program;

(continued, next page...)

Guidance: Programs are encouraged to offer parents assistance in noting how their child functions at home and in the neighborhood. Parents should be encouraged to contribute this valuable information to the staff for use in ongoing planning. Care should be taken to put parents at ease and to eliminate or explain specialized terminology. Comfortable settings, familiar meeting rooms and ample preparation can help lessen anxiety. The main purpose is to involve parents actively, not just to obtain their signature on the IEP.

It is important to involve the parents of children with disabilities in activities related to their child's unique needs, including the procurement and coordination of specialized services and follow-through on the child's treatment plan, to the extent possible. It is especially helpful for Head Start to assist parents in developing confidence, strategies and techniques to become effective advocates for their children and to negotiate complicated systems. Under IDEA, a federally-funded Parent Training and Information Program exists whereby parent training centers in each State provide information, support and assistance to parents enabling them to advocate for their child. Information regarding these centers should be given to parents of a child determined to have a disability. Because some parents will need to advocate for their children over a number of years, they need to gain the confidence and skills

1308.19(j)

(continued...)

(3) Provide interpreters, if needed, and offer the parents a copy of the IEP in the parents' language of understanding after it has been signed;

(4) Hold the meeting without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation. In that case, document its efforts to secure the parents' participation, through records of phone calls, letters in the parents' native language or visits to parents' homes or places of work, along with any responses or results; and arrange an opportunity to meet with the parents to review the results of the meeting and secure their input and signature.

1308.19(k)

(k) Grantees must initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance.

to access resources and negotiate systems with increasing independence.

Some parents of children with disabilities are also disabled. Staff may need to adjust procedures for assisting parents who have disabilities to participate in their children's programs. Materials to assist in this effort are available from technical assistance providers.

SUBPART F — NUTRITION PERFORMANCE STANDARDS

1308.20

Nutrition services.

(a) The disabilities coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.

Guidance: Vocabulary and concept building, counting, learning place settings, social skills such as conversation and acceptable manners can be naturally developed at meal or snack time, thus enhancing children's skills. Children with disabilities often need planned attention to these areas.

The staff person who is responsible for nutrition and the disabilities services coordinator should work with the social services coordinator to help families access nutrition resources and services for children who are not able to learn or develop normally because of malnutrition.

The staff person who is responsible for nutrition and the disabilities services coordinator should alert staff to watch for practices leading to baby bottle caries. This is severe tooth decay caused by putting a baby or toddler to bed with a nursing bottle containing milk, juice or sugar water or letting the child carry around a bottle for long periods of time. The serious dental and speech problems this can cause are completely preventable.

In cases of severe allergies, staff should work closely with the child's physician or a medical consultant.

1308.20(b)

(b) Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists or dietitians must be consulted on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.

1308.20(c)

(c) The plan for services for children with disabilities must include activities to help children with disabilities participate in meal and snack times with classmates.

1308.20(d)

(d) The plan for services for children with disabilities must address prevention of disabilities with a nutrition basis.

SUBPART G — PARENT INVOLVEMENT PERFORMANCE STANDARDS

1308.21

Parent participation and transition of children into Head Start and from Head Start to public school.

(a) In addition to the many references to working with parents throughout these standards, the staff must carry out the following tasks:

(1) Support parents of children with disabilities entering from infant/toddler programs.

(2) Provide information to parents on how to foster the development of their child with disabilities.

(3) Provide opportunities for parents to observe large group, small group and individual activities described in their child's IEP.

(4) Provide follow-up assistance and activities to reinforce program activities at home.

(5) Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.

(6) Inform parents of their rights under IDEA.

(7) Inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

(continued, next page...)

Guidance: Grantees should help parents understand the value of special early assistance for a child with a disability and reassure those parents who may fear that if their child receives special education services the child may always need them. This is not the experience in Head Start and most other preschool programs where the majority of children no longer receive special education after the preschool years. The disabilities coordinator needs to help parents understand that their active participation is of great importance in helping their children overcome or lessen the effects of disabilities and develop to their full potential.

The disabilities coordinator should help program staff deal realistically with parents of children who have unfamiliar disabilities by providing the needed information, training and contact with consultants or specialized agencies. The coordinator should ensure that staff carrying out family needs assessment or home visits do not overlook possible disabilities among younger siblings who should be referred for early evaluation and preventive actions.

1308.21(a)

(continued...)

Program and other sources and assist them with initial efforts to access such resources.

(8) Identify needs (caused by the disability) of siblings and other family members.

(9) Provide information in order to prevent disabilities among younger siblings.

(10) Build parent confidence, skill and knowledge in accessing resources and advocating to meet the special needs of their children.

1308.21(b) & (c)

(b) Grantees must plan to assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.

(c) Head Start grantees, in cooperation with the child's parents, must notify the school of the child's planned enrollment prior to the date of enrollment.

Guidance: As most Head Start children will move into the public school system, disabilities coordinators need to work with the Head Start staff for early and ongoing activities designed to minimize discontinuity and stress for children and families as they move into a different system. As the ongoing advocates, parents will need to be informed and confident in communicating with school personnel and staff of social service and medical agencies. Disabilities coordinators need to ensure that the Head Start program:

- Provides information on services available from LEAs and other sources of services parents will have to access on their own, such as dental treatment;
- Informs parents of the differences between the two systems in role, staffing patterns, schedules, and focus;
- Provides opportunities for mutual visits by staff to one another's facilities to help plan appropriate placement;
- Familiarizes parents and staff of the receiving program's characteristics and expectations;
- Provides early and mutually planned transfer of records with parent consent at times convenient for both systems;
- Provides information on services available under the Individuals With Disabilities Education Act, the federally-funded parent training centers and provisions for parent involvement and due process; and
- Provides opportunities for parents to confer with staff to express their ideas and needs so they have experience in participating in IEP and other conferences in an active, confident manner. Role playing has been found helpful.

It is strongly recommended that programs develop activities for smooth transition into Head Start from infant/toddler programs funded under Part C of IDEA and from Head Start to kindergarten or other placement. In order to be effective, such plans must be developed jointly. They are advantageous for the children, parents, Part C programs, Head Start and LEAs. ACYF has developed materials useful for transition. American Indian programs whose children move into several systems, such as Bureau of Indian Affairs schools and public schools, need to prepare children and families in advance for the new situation. Plans should be used as working documents and reviewed for annual update, so that the foundation laid in Head Start is maintained and strengthened.

PART 1309–HEAD START FACILITIES PURCHASE

Subpart A–General

1309.1 Purpose and application.

This part prescribes regulations implementing sections 644(c) and 644(f) of the Head Start Act, 42 U.S.C. 9801 et seq., as it applies to grantees operating Head Start programs under the Act. It describes the procedures for applying for Head Start grant funds to purchase facilities in which to operate Head Start programs, and the conditions under which grant funds may be awarded to purchase facilities. It also specifies the measures which must be taken to protect the Federal interest in facilities purchased with Head Start grant funds.

1309.2 Approval of previously purchased facilities.

Head Start grantees, which purchased facilities after December 31, 1986, and before October 7, 1992, may request retroactive approval of the purchase by submitting an application which conforms to the requirements of this Part and the Act. Grant funds may be used to pay facility purchase costs incurred only after the responsible HHS official approves an application for a previously purchased facility.

1309.3 Definitions.

As used in this part;

ACF means the Administration for Children and Families in the Department of Health and Human Services, and includes the Regional Offices.

Acquire means to purchase in whole or in part with Head Start grant funds through payments made in satisfaction of a mortgage agreement (both principal and interest), as a down payment, for professional fees, for closing costs, and for any other costs associated with the purchase of the property that are usual and customary for the locality.

Act means the Head Start Act, 42 U.S.C. section 9801, et seq. ACYF means the Administration on Children, Youth and Families, a component of the Administration for Children and Families in the Department of Health and Human Services.

Facility means a structure such as a building or modular unit, appropriate for use by a Head Start grantee to carry out a Head Start program.

Grant funds means Federal financial assistance received by a grantee from ACF to administer a Head Start program pursuant to the Head Start Act.

Grantee means the local public, private non-profit or for-profit agency designated to operate a program pursuant to 42 U.S.C. 9836 or 42 U.S.C. 9840a

Head Start center or a direct support facility for a Head Start program means a facility used primarily to provide Head Start services to children and their families, or for administrative or other activities necessary to the conduct of the Head Start program.

Modular unit means a portable prefabricated structure made at another location and moved to a site for use by a Head Start grantee to carry out a Head Start program.

Purchase means to buy an existing facility, either outright or through a mortgage. Purchase also refers to an approved purchase of a facility, commenced between December 31, 1986 and October 7, 1992, as permitted by the Head Start Act, and by Sec. 1309.2 of this part.

Real property means land, including land improvements, structures and appurtenances thereto, excluding movable machinery and equipment.

Responsible HHS official means the official who is authorized to make the grant of financial assistance to operate a Head Start program, or such official's designee.

Subpart B–Application Procedures

1309.10 Application.

A grantee which proposes to use grant funds to purchase a facility must submit a written application to the responsible HHS official. The application must include the following information:

(a) A legal description of the site of the facility, and an explanation of the appropriateness of the location to the grantee's service area, including a statement of the effect that purchase of the facility has had or will have on the transportation of children to the program, on the grantee's ability to collaborate with other child care, social services and health providers, and on all other program activities and services.

(b) Plans and specifications of the facility, including information on the size and type of structure, the number and a description of the rooms and the lot on which the building is located (including the space available for a playground and for parking).

(c) The cost comparison described in Sec. 1309.11 of this part.

(d) If minor renovations are necessary to make the facility suitable to carry out the Head Start program, a description of the renovations, and the plans and specifications required by paragraph (b) of this section for the facility as it will be after renovations are complete.

(e) The intended uses of the facility, including information demonstrating that the facility will be used principally as a Head Start center or a direct support facility for a Head Start program. If the facility is to be used for purposes in addition to the operation of the Head Start program, the grantee must state what portion of the facility is to be used for such other purposes.

(f) Assurance that the facility complies (or will comply after completion of the renovations described in paragraph (d) of this section) with local licensing and code requirements, the access requirements of the Americans with Disabilities Act (ADA), if applicable, and section 504 of the Rehabilitation Act of 1973. The grantee also will assure that it has met the requirements of the Flood Disaster Protection Act of 1973, if applicable.

(g) If the grantee is claiming that the lack of alternative facilities will prevent or would have prevented operation of the program, a statement of how it was determined that there is or was a lack of alternative facilities. This statement must be supported, whenever possible, by a written statement from a licensed real estate professional in the grantee's service area. If a grantee requesting approval of the previous purchase of a facility is unable to provide such statements based on circumstances which existed at the time of the purchase, the grantee and the licensed real estate professional may use present conditions as a basis for making the determination.

(h) The terms of any proposed or existing loan(s) related to the purchase of the facility and the repayment plans (detailing balloon payments or other unconventional terms, if any) and information on all other sources of funding of the purchase, including any restrictions or conditions imposed by other funding sources.

(i) A statement of the effect that the purchase of the facility would have on the grantee's meeting of the non-Federal share requirement of section 640(b) of the Head Start Act, including whether the grantee is seeking a waiver of its non-Federal share obligation under that section of the Act.

(j) Certification by a licensed engineer or architect that the building is structurally sound and safe for use as a Head Start facility. If minor renovations are necessary to make the facility suitable for use to carry out a Head Start program, the application must include a certification by a licensed engineer or architect as to the cost and technical appropriateness of the proposed renovations.

(k) A statement of the effect that the purchase of a facility would have on the grantee's ability to meet the limitation on development and administrative costs in section 644(b) of the Head Start Act. One-time fees and expenses necessary to the purchase, such as the down payment, the cost of necessary minor renovations, loan fees and related expenses, and fees paid to attorneys, engineers, and appraisers, are not considered to be administrative costs.

(l) A proposed schedule for acquisition, renovation and occupancy of the facility.

(m) Reasonable assurances that the applicant will obtain, or in the case of a previously purchased facility, has obtained a fee simple or such other estate or interest in the site sufficient to assure undisturbed use and possession for the purpose of operating the Head Start program. If the grantee proposes to purchase a facility without also purchasing the land on which the facility is situated, the application must describe the easement, right of way or land rental it will obtain or has obtained to allow it sufficient access to the facility.

(n) An assessment of the impact of the proposed acquisition on the human environment if it involves significant renovation or a significant change in land use, including substantial increases in traffic in the surrounding area due to the provision of Head Start transportation services, pursuant to section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4332(2)(C)) and its implementing regulations (40 CFR parts 1500-1508), and a report showing the results of tests for environmental hazards present in the facility, ground water, and soil (or justification why such testing is not necessary). In addition, such information as may be necessary to comply with the National Historic Preservation Act of 1966 (16 U.S.C. 470f) must be included.

(o) Assurance that the grantee will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 et seq. and 49 CFR part 24), and information about the costs that may be incurred due to compliance with this Act.

(p) A statement of the share of the cost of purchase that will be paid with grant funds.

(q) For a grantee seeking approval of a previous purchase, a statement of the extent to which it has attempted to comply and will be able to comply with the provisions of Sec. 1309.22(a) of this part.

(r) Such additional information as the responsible HHS official may require.

1309.11 Cost comparison.

(a) A grantee proposing to purchase a facility with grant funds must submit a detailed estimate of the cost of the proposed purchase, including the cost of any necessary minor renovations, and must compare the cost of purchasing the proposed facility to the cost of renting an alternative facility.

(b) All costs of purchase and ownership must be identified, including, but not limited to, professional fees, minor renovation costs, moving expenses, additional transportation costs, maintenance, taxes, insurance, and easements, rights of way or land rentals. An independent appraisal of the current value of the facility proposed to be purchased or previously purchased, made by a professional appraiser, must be included.

(c) The comparison described in paragraph (a) of this section must compare the cost of the proposed facility to the cost of the facility currently used by the grantee, unless the grantee has no current facility, will lose the use of its current facility, intends to continue to use its current facility after it purchases the new facility, or has shown to the satisfaction of the responsible HHS official that its existing facility is inadequate. Where the grantee's current facility is not used as the alternate facility, the grantee must use for comparison a facility (or facilities) available for lease in the grantee's service area and which are usable as a Head Start facility (meaning a facility large enough to meet the foreseeable needs of the Head Start grantee, and which complies with local licensing and code requirements and the access requirements of the Americans With Disabilities Act, if applicable, and section 504 of the Rehabilitation Act of 1973) or which can be made useable through minor renovation, the cost of which shall be included in the cost comparison. In the case of an application for approval of the previous purchase of a facility, the cost of the present facility must be compared to the cost of the facility used by the grantee before purchase of its current facility. If the facility used by the grantee before the purchase of its present facility was deemed inadequate by the responsible HHS official, the grantee had no previous facility, or if the grantee continued to use its previous facility after the current facility was purchased the alternative facility shall be an available, appropriate facility (or facilities) of comparable size that was available for rent in the grantee's service area at the time of its purchase of the current facility.

(d) The grantee must separately delineate the following expenses in the application:

(1) One-time costs, including, but not limited to, the down payment, professional fees, moving expenses, the cost of site preparation and installation of a modular unit, and the costs of necessary minor renovations; and

(2) Ongoing costs, including, but not limited to, mortgage payments, insurance premiums, maintenance costs, and property taxes. If the grantee is exempt from the payment of property taxes, this fact must be stated.

(e) The period of comparison is twenty years, except that for the purchase of a modular unit the period of comparison is ten years. For a proposed purchase the period of comparison begins on the date on which the proposal is made. For approvals of previous purchases, the period of comparison begins on the date the purchase of the facility took place.

(f) If the facility is to be used for purposes in addition to the operation of the Head Start program, the cost of use of that part of the facility used for such other purposes must be allocated in accordance with applicable Office of Management and Budget cost principles.

1309.12 Timely decisions.

The responsible HHS official shall promptly review and make final decisions regarding completed applications under this part.

Subpart C–Protection of Federal Interest

1309.20 Title.

Title to facilities acquired with grant funds vests with the grantee upon acquisition, subject to the provisions of this part.

1309.21 Recording of Federal interest and other protection of Federal interest.

(a) The Federal Government has an interest in all real property and equipment purchased with grant funds for use as a Head Start facility. The responsible HHS official may agree to subordinate the Federal interest in such property to that of a lender which finances the purchase of the property subject to the conditions set forth in paragraph (f) of this section.

(b) Facilities acquired with grant funds may not be mortgaged or used as collateral, or sold or otherwise transferred to another party, without the written permission of the responsible HHS official.

(c) Use of the facility for other than the purpose for which the facility was funded, without the express written approval of the responsible HHS official, is prohibited.

(d) Immediately upon purchasing a facility with grant funds, or receiving permission to use funds for a previously purchased facility, the grantee shall record a Notice of Federal

Interest in the appropriate official records for the jurisdiction in which the facility is located. The Notice shall include the following information:

(1) The date of the award of grant funds for the purchase of the property to be used as a Head Start facility, and the address and legal description of the property to be purchased;

(2) That the grant incorporated conditions which include restriction on the use of the property and provide for a Federal interest in the property;

(3) That the property may not be used for any purpose inconsistent with that authorized by the Head Start Act and applicable regulations;

(4) That the property may not be mortgaged or used as collateral, sold or otherwise transferred to another party, without the written permission of the responsible HHS official;

(5) That these grant conditions and requirements cannot be altered or nullified through a transfer of ownership; and

(6) The name (including signature) and title of the person who completed the Notice for the grantee agency, and the date of the Notice.

(e) Grantees must meet all of the requirements in 45 CFR parts 74 or 92 pertaining to the purchase and disposition of real property, or the use and disposal of equipment, as appropriate.

(f) In subordinating its interest in a facility purchased with grant funds, the responsible HHS official does not waive application of paragraph (d) of this section and Sec. 1309.22. A written agreement by the responsible HHS official to subordinate the Federal interest must provide:

(1) (i) The lender shall notify the Office of the Regional Administrator, Administration for Children and Families, the Office of the Commissioner, Administration on Children, Youth and Families, Washington, D.C., and the Office of the General Counsel, Department of Health and Human Services, Washington, DC, or their successor agencies, immediately, both telephonically and in writing of any default by the Head Start grantee;

(ii) Written notice of default must be sent by registered mail return receipt requested; and,

(iii) The lender will not foreclose on the property until at least 60 days after the required notice by the lender has been sent.

(2) Such notice will include:

(i) The full names, addresses, and telephone numbers of the lender and the Head Start grantee;

(ii) The following statement prominently displayed at the top of the first page of the notice: "The Federal Interest in certain real property or equipment used for the Head Start Program may be at risk. Immediately give this notice to the appropriate government official";

(iii) The date and nature of the default and the manner in which the default may be cured; and

(iv) In the event that the lender will be exercising its remedy of foreclosure or other remedies, the date or expected date of the foreclosure or other remedies.

(3) Head Start grantees which purchase facilities with respect to which the responsible HHS official has subordinated the Federal Interest to that of the lender must keep the lender informed of the current addresses and telephone numbers of the agencies to which the lender is obligated under paragraph (b) of this section to give notice in the event of a default.

1309.22 Rights and responsibilities in the event of grantee's default on mortgage, or withdrawal or termination.

(a) The mortgage agreement, or security agreement in the case of a modular unit which is proposed to be purchased under a chattel mortgage, shall provide in the case of default by the grantee or the withdrawal or termination of the grantee from the Head Start program that ACF may intervene. In the case of a default, the mortgage agreement or security agreement must provide that ACF may intervene to ensure that the default is cured by the grantee or another agency designated by ACF and that the lender shall accept the payment of money or performance of any other obligation by ACF's designee, for the grantee, as if such payment of money or performance had been made by the grantee. The agreement shall also provide that ACF will have a period of 60 days after notification by the grantee of default in which to intervene to attempt to cure the default. The agreement shall further provide that in the event of a default, or the withdrawal or termination of the grantee the mortgage may be assumed by an organization designated by ACF. The mortgagee or creditor will have the right to approve the organization designated to assume the mortgage, but such approval will not be withheld except for good reason. The provisions required for inclusion in mortgages must be included in the mortgages of previously purchased facilities unless a convincing justification for not doing so is shown by the Head Start grantee.

(b) The grantee must immediately provide the responsible HHS official with both telephonic and written notification of a default of any description on the part of the grantee under a real property or chattel mortgage.

(c) In the event that a default is not cured and foreclosure takes place, the mortgagee or creditor shall pay ACF that percentage of the proceeds from the foreclosure sale of the property attributable to the Federal share as defined in 45 CFR 74.2, or, if part 92 is applicable, to ACF's share as defined in 45 CFR 92.3. If ACF and the mortgagee or creditor have agreed that ACF's Federal interest will be subordinated to the mortgagee's or creditor's interest in the property, that agreement must be set forth in a written subordination agreement that is signed by the responsible HHS official and that complies with Sec. 1309.21 and any other applicable Federal law.

1309.23 Insurance, bonding and maintenance.

(a) At the time of acquiring a facility or receiving approval for the previous purchase of a facility, the grantee shall obtain insurance coverage for the facility which is of the same type as the coverage it has obtained for other real property it owns, which includes student liability insurance and which at least meets the requirements of the coverage specified in paragraphs (a)(1) and (2) of this section as follows:

(1) A title insurance policy which insures the fee interest in the facility for an amount not less than the full appraised value as approved by ACF, or the amount of the purchase price, whichever is greater, and which contains an endorsement identifying ACF as a loss payee to be reimbursed if the title fails. If no endorsement naming ACF as loss payee is made, the grantee is required to pay ACF the title insurance proceeds it receives in the event of title failure; and

(2) A physical destruction insurance policy, including flood insurance where appropriate, which insures the full replacement value of the facility from risk of partial and total physical destruction. The insurance policy is to be maintained for the period of time the facility is owned by the grantee.

(b) The grantee shall submit copies of such insurance policies to ACF within five days of acquiring the facility or receiving approval for the previous purchase of a facility. If the grantee has not received the policies in time to submit copies within this period, it shall submit evidence that it has obtained the appropriate insurance policies within five days of acquiring the facility or receiving approval for the previous purchase of a facility, and it shall submit copies of the policies within five days of its receipt of them.

(c) The grantee must maintain facilities acquired with grant funds in a manner consistent with the purposes for which the funds were provided and in compliance with State and local government property standards and building codes.

Subpart D–Modular Units

1309.30 General.

In addition to the special requirements of Secs. 1309.31-1309.34 of this part, the proposed purchase or request for approval of a previous purchase of a modular unit is subject to all of the requirements of this part with the following exceptions:

(a) Section 1309.10(j) of this part, which requires a certification by a licensed engineer or architect of the structural soundness of a facility prior to approval of an application for grant funds, is replaced by Sec. 1309.33; and

b) Section 1309.21(d) of this part does not apply to the proposed purchase of modular units if the land on which the unit is installed is not owned by the grantee.

1309.31 Site description.

(a) An application for the purchase or approval of a previous purchase of a modular unit must state specifically where the modular unit will be installed, and whether the land on which the modular unit will be installed will be purchased by the grantee. If the grantee does not propose to purchase land on which to install the modular unit or if the previously purchased modular unit is located on land not owned by the grantee, the application must state who owns the land on which the modular unit is or will be situated and describe the easement, right-of-way or land rental it will obtain or has obtained to allow it sufficient access to the modular unit.

(b) Modular units which are purchased with grant funds and which are not permanently affixed to land, or which are affixed to land which is not owned by the grantee, must have posted in a conspicuous place the following notice: ``On (date), the Department of Health and Human Services (DHHS) awarded (grant number) to (Name of grantee). The grant provided Federal funds for conduct of a Head Start program, including purchase of this modular unit. The grant incorporated conditions which included restrictions on the use and disposition of this property, and provided for a continuing Federal interest in the property. Specifically, the property may not be used for any purpose other than the purpose for which the facility was funded, without the express written approval of the responsible DHHS official, or sold or transferred to another party without the written permission of the responsible DHHS official. These conditions are in accordance with the statutory provisions set forth in 42 U.S.C. 9839; the regulatory provisions set forth in 45 CFR part 1309, 45 CFR part 74 and 45 CFR part 92; and Administration for Children and Families' grants policy."

(c) A modular unit which has been approved for purchase and installation in one location may not be moved to another location without the written permission of the responsible HHS official.

1309.32 Statement of procurement procedure for modular units.

(a) An application for the purchase of a modular unit must include a statement describing the procedures which will be used by the grantee to purchase the modular unit.

(b) This statement must include a copy of the specifications for the unit which is proposed to be purchased and assurance that the grantee will comply with procurement procedures in 45 CFR parts 74 and 92, including assurance that all transactions will be conducted in a manner to provide, to the maximum extent practical, open and free competition. A grantee requesting approval of a previous purchase of a modular unit also must include a copy of the specifications for its unit.

1309.33 Inspection.

A grantee which purchases a modular unit with grant funds or receives approval of a previous purchase must have the modular unit inspected by a licensed engineer or architect within 15 calendar days of its installation or approval of a previous purchase, and must submit to the responsible HHS official the engineer's or architect's inspection report within 30 calendar days of the inspection.

1309.34 Costs of installation of modular unit.

Consistent with the cost principles referred to in 45 CFR part 74 and 45 CFR part 92, all reasonable costs necessary to the installation of a modular unit the purchase of which has been approved by the responsible HHS official are payable with grant funds. Such costs include, but are not limited to, payments for public utility hook-ups, site surveys and soil investigations.

Subpart E–Other Administrative Provisions

1309.40 Copies of documents.

Certified copies of the deed, loan instrument, mortgage, and any other legal documents related to the purchase of the facility or to the discharge of any debt secured by the facility must be submitted to the responsible HHS official within ten days of their execution.

1309.41 Record retention.

All records pertinent to the purchase of a facility must be retained by the grantee for a period equal to the period of the grantee's ownership of the facility plus three years.

1309.42 Audit of mortgage.

Any audit of a grantee which has purchased a facility with grant funds shall include an audit of any mortgage or encumbrance on the facility. Reasonable and necessary fees for this audit are payable with grant funds.

1309.43 Use of grant funds to pay fees.

Consistent with the cost principles referred to in 45 CFR part 74 and 45 CFR part 92, reasonable fees and costs associated with and necessary to the purchase of a facility (including reasonable and necessary fees and costs incurred prior to the submission of an application under Sec. 1309.10 of this part or prior to the purchase of the facility) are payable with grant funds, but require prior, written approval of the responsible HHS official.

1309.44 Independent analysis.

(a) The responsible HHS official may direct the grantee applying for funds to purchase a facility to obtain an independent analysis of the cost comparison submitted by the grantee pursuant to Sec. 1309.11 of this part, or the statement under Sec. 1309.10(g) of this part, or both, if, in the judgment of the official, such an analysis is necessary to adequately review a proposal submitted under this part.

(b) The analysis shall be in writing and shall be made by a qualified, disinterested real estate professional in the community in which the property proposed to be purchased is situated.

(c) Section 1309.43 of this part applies to payment of the cost of the analysis.

PART 1310—RESERVED FOR FUTURE USE

PART 1311–HEAD START FELLOWS PROGRAM

1311.1 Head Start Fellows Program Purpose.

(a) This part establishes regulations implementing section 648A(d) of the Head Start Act, as amended, 42 U.S.C. 9801 et seq., applicable to the administration of the Head Start Fellows Program, including selection, placement, duration and status of the Head Start Fellows.

(b) As provided in section 648A(d) of the Act, the Head Start Fellows Program is designed to enhance the ability of Head Start Fellows to make significant contributions to Head Start and to other child development and family services programs.

1311.2 Definitions.

As used in this part:

Act means the Head Start Act, as amended, 42 U.S.C. 9801 et seq.

Associate Commissioner means the Associate Commissioner of the Head Start Bureau in the Administration on Children, Youth and Families.

Head Start Fellows means individuals who participate in the Head Start Fellows Program, who may be staff in local Head Start programs or other individuals working in the field of child development and family services.

1311.3 Application process.

An individual who wishes to obtain a Fellowship must submit an application to the Associate Commissioner. The Administration for Children and Families will publish an annual announcement of the availability and number of Fellowships in the Federal Register. Federal employees are not eligible to apply. (The information collection requirement contained in this section is approved under OMB Control Number 0970-0140.)

1311.4 Qualifications, selection, and placement.

(a) The Act specifies that an applicant must be working on the date of application in a local Head Start program or otherwise working in the field of child development and family services. The qualifications of the applicants for Head Start Fellowship positions will be competitively reviewed. The Associate Commissioner will make the final selection of the Head Start Fellows.

(b) Head Start Fellows may be placed in:

(1) The Head Start national and regional offices;

(2) Local Head Start agencies and programs;

(3) Institutions of higher education;

(4) Public or private entities and organizations concerned with services to children and families; and

(5) Other appropriate settings.

(c) A Head Start Fellow who is not an employee of a local Head Start agency or program may only be placed in the national or regional offices within the Department of Health and Human Services that administer Head Start or local Head Start agencies

(d) Head Start Fellows shall not be placed in any agency whose primary purpose, or one of whose major purposes is to influence Federal, State or local legislation.

1311.5 Duration of Fellowships and status of Head Start Fellows.

(a) Head Start Fellowships will be for terms of one year, and may be renewed for a term of one additional year.

(b) For the purposes of compensation for injuries under chapter 81 of title 5, United States Code, Head Start Fellows shall be considered to be employees, or otherwise in the service or employment, of the Federal Government.

(c) Head Start Fellows assigned to the national or regional offices within the Department of Health and Human Services shall be considered employees in the Executive Branch of the Federal Government for the purposes of chapter 11 of title 18, United States Code, and for the purposes of any administrative standards of conduct applicable to the employees of the agency to which they are assigned.